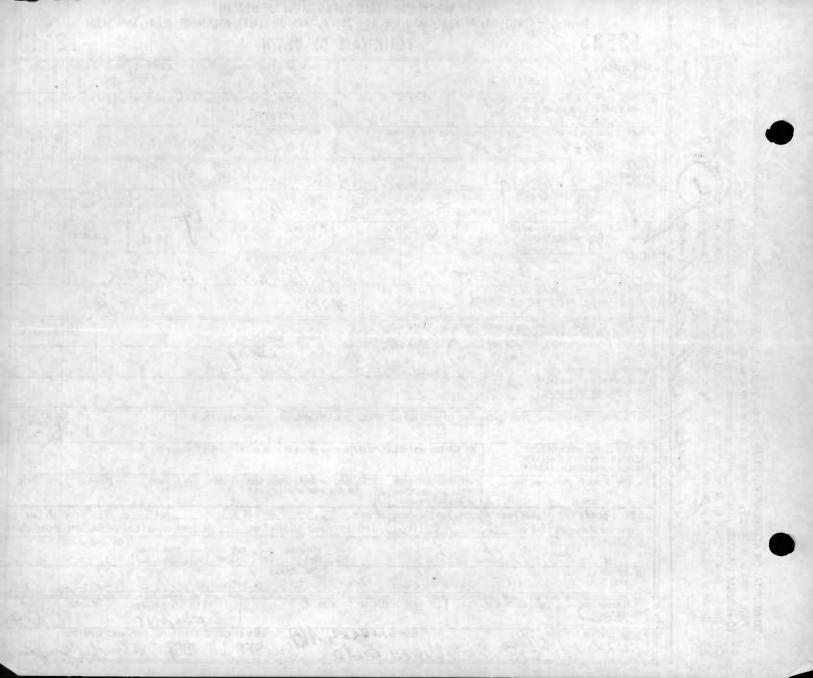
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 12533 12543 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remove cortain papers. Pages Land o. COUNTY o. STATE b. COUNTY Pr. Geo. MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET_ADDRESS e. IS RESIDENCE ON A FARM? SII ENFIELD 0.35 YES NO NAME OF Middle 4. DATE First Lost Month Year. DECEASED 0F 19 (Type or print) DEATH AGE (In years lost birthdoy) SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR M. BIRTHPYACE (County & Stote, or foreign/country) 12. CITIZEN OF WHAT Qo. USUAL OCCUPATION (Give kind of work done na most of working life, over if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been the last. CO WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ATTENDING PHYSICIAN: The NO. p 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 1967, ta. 13, 19 6) that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. shauld saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 196 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GORMA 04 directar, should 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE SEP



Silver Spring.

FUNERAL DIRECTOR

VR A15 (4)

25M 1/67

250 REC'D BY REGISTRAR 196

Marylandi

2Sb. REGISTRAR'S SIGNATURE

THE CONTROL OF THE PROPERTY OF and the second of the second o The state of the s MARYLAND STATE DEPARTMENT OF HEALTH

frince Centle		strict.			f . 45	
	diffe	Add to the			inc	distrik
	9041	COA Agel P			galeroft walk	liniver
50 Toda	loages .	Routh	.8	sha	• 1	
	08	7. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		*		mi amira
		hints: iv			91	na boll
	110314	Lis yound			gnibbel	Loumts
DRI, OS JANA IT						
.be edual-lable				man and	rading	
	L Avs. C	A124 Concess	o 111H es omen des	, , , , , , , , , , , , , , , , , , ,		

Printed to the second of the s

MARYLAND STATE DEPARTMENT OF HEALTH

EMEQUAD 4	emery D Donates			Valida on
				and 18 applie
	, The state of the	Dalley I		fadigue, event store
			PERCHAA 198	ON THUM
		3081-8-1		
		belgade	Hab Habrish	There's ordered
vojeral Livapozo i o vo	V. Grains			bionză di aradni

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove tachan papers. Pages 3 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in thy event, within 72 haurs after death.

and 2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12548

12537

CERTIFICATE OF DEATH

-											
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)							
		Montgomery	MARYLAND	Maryland b. COUNTY							
	ł	o. CITY OR TOWN (If autside corporate fimits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY DR TOWN (If au	give nearest tawn)						
		Bethesda (Rural)	1 Hour	Silver Spri	ings	151					
-	(NAME OF HOSPITAL DR INSTITUTION (If not in hospital, gu. S. Naval Hospital, Bet		d. STREET ADDRESS 8201 16th S	Street	e. IS RESIDENCE ON A FARM? YES NO PC					
C	3. 1	NAME OF First	Middle	Last	4. DATE Month	Day Year					
	-	DECEASED Type or print) Harry As	sher BA		OF September	8th 19 67					
	S. S	lo Concorion		8. DATE OF BIRTH 22 SEP 1884	9. AGE (In years IF UND Month yes.	S Days Hours Min.					
		WIDOWED				CITIZEN OF WILLIAM					
	duri		ND OF BUSINESS OR DUSTRY N/A	TYLER TEX	& State, ar fareign country) 12.	COUNTRY?					
		Joseph BADT		14. MOTHER'S MAIDEN A	NAME						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	DCIAL SECURITY NO. 17.	NFORMANT	Addres Sil	ver Springs,					
	(Ye			ennie (NMN)	BADT 8201 16th S	t. Md.					
		18. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:	(a), (b), and (c).) Cute Myocadia]	Infonction		INTERVAL BETWEEN ONSET AND DEATH					
		IMMEDIATE CAUSE (a)	cuce Myocaula	Intarecton		ORSEL ARE DEATH					
		Canditions if any which gave > Ad	vanced Coronar	v Arteriscl	erosis						
		rise ta immediate cause (a),		V							
		stating the underlying cause (c) Coron	er no tt fied at	0115 8 6-	+ 10/2						
	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITIDN GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?					
/	ATIO					YERFORMED?					
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Part II af item 18.)						
	MEDICAL			CE DF INJURY (Hame, farm		(Caunty) (State)					
	2	p.m. 19 at wark	at work	8 SEP 1	967 to 8 SEP 1	267					
		21. I certify that (4) (this haspital) attends sow the deceased alive on SEP	ied the deceazed nam	death accurred at	7:21PM, from causes and or	9 <u>67</u> , that (4) (we) last the date stated above.					
		220. SIGNATURE VAN HOVE for	r. LCAR AC MI	ATTENDING D. PHYS.	MED. STAFF Z2b.	DATE SIGNED					
/		22c. PHYSICIAN'S NAME (Type) D.R. FOREMAN		22d. ADDRESS	vl Hospital, Bether	sda, Md.					
	23a	BURIAL CREMATION, 23b. DATE THEREOF 12 SEP 1967	23c. NAME OF CEMETERY OR Arlington, N		23d. LOCATION (City or Town) Arlington,	Virginia (State)					
	24	Oldberg Funeral Home Was	7 9th St. N.W	2So. REC'D		'S SIGNATURE					

	Dept. (view)		granogamit
	multan revise	er y	(7,490+) 4,7514
	196728 AD 1 1998 .	1. Beckerde, Me	U. R. Mayal Horpile
September (to	BOTE STORE	78.87	1.174H
	28 4581 918 SS		nute composition of the
ASU	CANTE STATE	A\/	To the state of th
	OTITIS BAI		TO MILITARY TO THE STATE OF THE
en district	osa nies (BB) etaest, noisexessi dell electros etaptul green	Acute Broad	Yer TIC NUXTURE
	7001-1gs2 N -2119 du		
14 to \$48	75 923 8 913 7		8
			WOR HUT TO
d. Retracos, Mo.	theset ivel .3 .)		200 B. POE
aletesty ,eo	deallen fegelden.	nosanira 1901	TELLES

Cold of March More Market 1. B. T. B. T. B. W. B

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12533

CERTIFICATE OF DEATH

12548

1.	PLACE OF DEATH						Where deced	sed lived, if institu		nce before	odmissi	on) /	
	o. COUNTY Montgome	erv		MARYLAND		ryland		b. (OU		- 111	11.10	TI	
-		If outside corporate limit		c. LENGTH OF STAY IN 16			itsida comor	MONG.	comery	un poorosi	townl	77-14	
	write RURAL on	d give neorest tawn)	3,		C. CIT	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	Takoma			3 days		llicott	City				10.	1	
F	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)	d. STR	EET ADDRESS					ON A F	DENCE	
1	Washing	ton Sanitar	ium and	Hospital	1	2 Macgi	11 Ave	enue				NO 🗌	
3.			rst	Middle		Lost	4. DATE	Mon	th	Doy	Ye	or	
	(Type or print)	Mackey		Lee	Do	liles	OF DEATH	0			19		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	T	OF BIRTH		9. AGE (In years	ember I IF UNDER	1 YEAR		67 R 24 HRS	
	Male	white	WIDOWED	DIVORCED [-13-97		birthdoy)	Months	Doys	Hours	Min.	
10					1		0.61 11 16	Yrs.	1 12 6	ITIZENI OF	MILLAT		
	iring most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BI	RTHPLACE (County	& Stote, or to	oreign country)		ITIZEN OF OUNTRY?	WHAI		
L	D.C. Tr	ansit-retin	red		V	irginia				Amer:	ica		
13	3. FATHER'S NAME				14. M	THER'S MAIDEN	NAME		200				
L	Rarney	Baliles			- 300	Tanada	do Tro	1					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17. INFORMA	Lucin	ua ro.	Addr	ess		- 1		
0		(If yes give wor or dotes	of service)	0 10 50504	Do do d		h L						
H	No			8-10-59796	Pati	net*s c	nart			1			
	IB. CAUSE OF DI	EATH (Enter only one cou TH WAS CAUSED BY:	/ 1/	() // //		1 1		, -	1		RVAL BET		
П	TAIN II DEA	IMMEDIATE CAUSE	(o) (l)	elmal la	bell	Carl	111	eclin	0	-			
	35/X	DUE	10							-	ld	anti	
Н	Conditions, if ony		(b)							0	5	75	
	rise to immediat		TO								_	0	
	last.	Itting toose	(c)										
	PART II OTHER SI	GNIFICANT CONDITIONS (***	O DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE COL	NDITION GIV	FN IN PART 1(a)		119	WAS AUT	OPSY	
NO	TAKE II. OTHER SE	OHITICANT CONDITIONS	ONIKIDOTINO	O DEATH BOT NOT KEEKIED	TO THE TERM	IIIIAL DISLASE COI	NDITION OIL	LIA IIA TAKT T(O)			PERFORM	IED?	
A										YE	2	NO L	
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCURR	RED. (Enter no	ture of injury in	Port I or Po	ort II of item 18.)					
8	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor				URY (Home, forn		(City or town)	(Co	ounty)		(Stote)	
ME	Hour a.i	10	While	Not While	foctory, stree	t, office bldg., etc.)						
		1111		led the deceased fram	91	73 1	067	10 9/15	10/	-7 th	01/11/	wol lost	
		eceased alive an	1/15/1			accurred at	214341	M, fram causes	and an i	bo date	oictit (we) lost	
	220. SIGNATURE		111/6		mur deum	accorred di	21100/1	n, num tuoses				1 dbdve.	
	220. SIMMATURE	R	~ 91			NDING	MED.	STAFF C	7 6	ATE SIGNE	1, ~	1	
	U.	an 1.	Ha	(11)	M.D. PHY		DIRECTOR	LJ PHYS. L		10/	6/		
	22c. PHYSICIAN'S NAME (Type		PC.	M 1	22	ADDRESS	1 . 1 /.	A.10 1-	7-	1	1 .	. 1	
L	TOTAL (Typo)	/ Lack	11.00	ur Mild.	17	11/10	2.016	Ave, 13	Mome	13v-1	1,1	101,	
23	O. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETERY	OR CREMATO	RY .	23d L	OCATION (City or To	wn)	(County)	(9	Stote)	
1	REMOVAL (Specify	Senti	8.1967	Sout Key	egen	Comoles	1 Ca	times no	anas		m	1	
	24/ FUNERAL DIRECTO	R an To	Minno	ADDRESS	2000	250. REC	14/1		EGISTRAR'S	-	E		
	1. Astrus	Mis Oly 1 segu	MINERY	254 Carroll	STY	DATESE		1967					
1	gruenuc.	racery	,	wesh. 15		DAIL	ITJ	100/	Chay	Yella !	uda	2	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove should be filed with the State Dept. of Health prior ta buriol, cremation, or removal, and in ony every Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

, et ji	1631-723		
	to to the	- (aφ. ξ)	3 3 0 3
	umbal 14th a	List rect be	entities to the deline
		34	Value Property
	re-cc		#dlfw vim
	- Algianici I		benije-ji mani., i
	ANOT WOMEN'T		# F # P
	t L' 1 t		O.L.
()			
1.5	N. P. T.		
Alpha Taliga	why at all the first		
I MANAGER I		S 10 73	
	A CARL IN SER		
			and the second of the second o

The second little about the particular and the Tendent restile value to the party restiles to the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12541 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND South Carolina b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by Bethesda 28 Days Florence d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 552 Santiago Drive YES NO F 4. DATE carban Doy Year DECEASED Barefoot, Jr. OF DEATH Lerov Hugh September (Type or print) 19 19 67 9. AGE (In years S. SEX IF UNDER 1 YEAR 1 IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED X lost birthdoy) Months White WIDOWED DIVORCED Male 13 April 1966 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Leroy H. Barefoot. Sr Patricia Harvey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Reconds (Yes, no, or unknown) (If yes give wor or dotes of service) The Clinical Center, Bethesda, Marvland None IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 17 MOS DEATH IMMEDIATE (AUSE (a) Congenital Heart Disease DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the haspital or attending as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? **DIRECTOR:** After this certificate has YES A NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While Page 4 may be retained by 21. I certify that (4) (this hospital) attended the deceased from 22 August, 19 67, to 19 Sept., 1967, that (3) (we) lost sow the deceased alive on 19 Sept., 1967, and that death occurred at 2:07 M, from couses and on the date stated obove. directar, page 3 shauld shauld be filed with the 220. SIONATURE 22b. DATE SIGNED MED. STAFF PHYS. ATTENDING 22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National O FUNERAL NAME (Type) Lynn M. Peterson, M. D. Institutes of Health, Bethesda, Md, 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burial transit 9-20-67 Florence, So. Carolina Mt. Hope Cemetery ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

and the state of t to and the state of the state o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12542 1255 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY **MARYLAND** b. CITY OR TOWN (If outside corporore limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Koma pletely filled in b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS completely filled anilarium NO X 0501 of, within 3. NAME OF DATE Year DECEASED OF (Type or print) arr DEATH 7. MARRIED 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED ond in any eve remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 0.1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN ond (c).) the signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' **ro Hospital OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retoined by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES [NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While While at work L of work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the 19 6 ond that death occurred at M, from couses and on the date stated above. sow the deceosed olive on 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR NAME (Type) JOSEP SUI 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Lown) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REVD BY REGISTRAR REGISTRAR'S SIGNATURI VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12552 12543 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY on popers. Pages Within 72 hours afte c. CITY OR DOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 2. HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM filled YES NO NAME OF ease remove corbon DATE Doy Year DECEASED OF DEATH 196 ond in ony event, (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours DIVORCED WIDOWED and o 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or faceign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removol, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), PART I. DEATH WAS CAUSED BY: buriol-transit IMMEDIATE CAUSE (o) be retained by the haspital ar attending physicion. DUE TO signed Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse as the this certificate hos been lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) be detoched for use State Dept. of Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work After ot work 21. I certify that (1) (this hospital) attended the deceased fram and that death accurred at O FUNERAL DIRECTOR: saw the deceased alive an M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page 3 shauld be filed v 22d. ADDRES 22c. PHYSICIAN'S Poge 4 moy NAME (Type) OF CEMETERY OR CREMATORY 23c. NAME (Stote) BURIAL CREMATION (City or Town) (County) FUNERAL DIRECTOR VR A15 (4) 25M 1/67

The December of the second my the second of the second A US I WAS THE STATE OF THE STA many to many to the The state of the s College of the same A Market 15 Comments of the Comment BUILDING TO THE X TO SEE THE PARTY TO SEE THE PERSON OF TH White I have been the first that the Estille Est Will Start Street a constitue to the control A SHEET WELL STATES

A constant principle of the common to the continues for the 180 Lichards and the 180 Lichards EE, Trooling Dies (1) The Control of Color of Co A SECURIT OF THE PARTY OF THE P Particular 1500 and 27th golden my bear and was continued in the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12545 12554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admirstion) a CDUNTY o STATE b. COUNTY Montgomery Maryland Pr. George's MARYLAND delay b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 16 c. CITY DR TOWN (II autside carparate limits, write RURAL and give negrest town) and Silver Spring DOA Mt. Rainier d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? n pencil in Item 18. Give Pages 1, Examiner's Office alang with farm Holy Cross Hospital 4314 Kaywood Dr. #101 ND X in Item 18. Give Pages be executed within 24 haurs after death. NAME OF Middle 4 DATE Year DECEASED September 7 (Type or print) Philip Bath DEATH Henry S. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Hours within 72 hours after death Male White WIDDWED DIVDRCED 11/10/00 66 10a. USUAL DCCUPATION (Give kind at work done 10b KIND DE BUSINESS DR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Plumber Plumbing Pittston, Penna. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME unknown William Bath (died at birth) .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Daugther, ward "pending" i (Yes, no, or unknown) (If yes give war or dates af service) 12814 Turkey Br. Pkwy. W.W. 577 07 80 R vl., Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY event ONSET AND DEATH IMMEDIATE CAUSE (a) This certificate shauld s, writing the ward farwarded to the Ch DUE TO Conditions, if any, which gave rise to immediate cause (a), 5 DUE TD stating the underlying cause PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTDPSY PERFORMED? remayal 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY CONTRIBUTING C CALISE DE DEATH 20c. TIME DF INJURY Month, Day, Year 20d INJURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, (City or town) (County) (State) factory, street, aflice bldg., etc.) FUNERAL DIRECTOR: Page 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection \ Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide [Undefermined manner Hamicide retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 23a. BURIAL CREMATION. 23d. LDCATIDN (City or Town) (State) 0 Cedar Hill Cemetery Suitland Pro Georges Md. \$ept 11, 1967 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15M8 F. Gasch's Sons Hyattsville, Md. 1967 6M 1/6

Maryland Pr. George's washagdaman, St. Rainiag .3K Dillyer dering and nevill Renry Bath September 7 67 giling elie viite Plumber Plumbing Pittion, Penns. Katana de balto, , as donued this Ved LV.C. Will 177 by 180 32 12812 Dept at. Diver. English and State of the Control of AND ANGERSON OF THE TAKEN OF SECTION AND ASSESSED THE SECTION AND ASSESSED AND ASSESSED. AND THE STATE OF THE PARTY OF THE STATE OF T

12555

CERTIFICATE OF DEATH

deo deo		PLACE OF DEATH					2. USUAL RESID	ENCE (Where	e decease			ce before	odmission)
		o. COUNTY Mod	ntgomery		MAI	RYLAND		irgin		b. COL	Taz	ewel	
requires that the death certificate be executed within 24 hours after 3 physician. signed by the attending physicion and completely filled in by the further buriol-transit permit. Then please remove carbon papers. Pages of buriol, cremation, or removal, and in any event, within 72 hours after a buriol, cremation, or removal.		b CITY DR TDWN (If outside carparate limi I give nearest tawn)	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If autside	carparate	limits, write RU	JRAL and giv	e nearest	tawn)
by Po		Be	thesda		47 day	75	Poun	ding 1	Mill				83-3
H : S. S.		d. NAME OF HOSPIT	AL OR INSTITUTION (If r	nat in haspital, g			d. STREET ADDRE					9	IS RESIDENCE ON A FARM?
Sed = 18	T	he Clini	cal Center	. Bethe	sda. Marv	land	Box	113				Y	ES NO X
重气管	3.	NAME OF		irst	Middle		Last		DATE	Mar	ıth	Doy	Year
l w		DECEASED (Type ar print)	Gus	sie	Lenora		Beaver	S	OF DEATH	Septe	nber	5,	1967
mpl e c	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	D	B. DATE OF BIRTH		9.	AGE (In years	IF UNDER		IF UNDER 24 HRS.
xec mov my e	F	emale	White	WIDOWED	DIVORCE	D 0 2	22 Decemb	per 19	919	last birthdoy)	Months	Days	Haurs Min.
ond rer in o	1Da	USUAL OCCUPATION	(Give kind af work done		ND OF BUSINESS OR		11. BIRTHPLACE (Caunty & Sta	ite, or fore	ign country)	12. CI	TIZEN OF	WHAT
te to ion ose	aur	Teacher	life, even if retired)	IN	DUSTRY Educat	ion	Virgi	inia			((OUNTRY?	USA
fica ysic ple ol, o		FATHER'S NAME					14. MDTHER'S M	AIDEN NAME					
e death certificate be executed within 24 hours attending physicion and completely filled in by the permit. Then please remove carbon pagers. Pagon, or removal, and in any event, within 72 hours			John Pruet	ct					Sor	hronia	Chris	tian	
th ding	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates	2 16	SOCIAL SECURITY NO.	17. 1	NFORMANT The	e Medi	ical	Recordid	ess		
attendii permit. ion, or re	(16	No	(II yes give war or dates	2	28-46-1984							arvl	and
that the d an. by the atte transit perr cremation,		18. CAUSE OF DI	ATH (Enter anly one co	use per line for	(a), (b), and (c).)				,		-	INTE	RVAL BETWEEN
. th nsit		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	D	nchopneum	onia,	bilatera	al				2 W	T AND DEATH
quires that the physician. signed by the buriol-transit buriol, cremat		701X		E TO									
physicic physicic signed buriol-t buriol, c		Conditions, if ony,		(b) Hod	gkin's Di	sease						5 y	rears
g p g p o bt		stoting the under		E 10									
e low re tending ss been as the prior to		last.)	(c)									
offer offer of of of of of of of of of of of of of	N.	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RI	LATED TO T	HE TERMINAL DISE	ASE CONDITI	ON GIVEN	IN PART 1(a)		19.	WAS AUTOPSY PERFORMED?
or o	BIE												NO [
PHYSICIAN: The hospital or of this certificate hospital for use tracked for use Dept. of Health	CERTIFICATION	20g. ACCIDENT WAS	SUNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of in	jury in Part	I or Part	II of item 18.)			
	1 6	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
JING PHYSIC by the hospi ffer this certi be detoched Stote Dept. o	MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year n.	2Dd. If While	VJURY DCCURRED Nat While		CE OF INJURY (Homory, street, affice blo		2Df.	(City ar tawn)	(Co	unty)	(State)
NG the earth of the ote	W	p.r	n. 19	at wor	c at wark								
70 700		21. I certi	fy that (X) (this ha	spital) attend	ded the deceased	from_2	O July	, 19.6	7_, ta	5 Sept	, 19.6	57, the	it (X) (we) la
OR ATTEN be retoined DIRECTOR:) ge 3 shauld led with the			eceased alive on 5	Septen	iber 1967,	and that	death accurre			tram causes			
R A reto		220. SIGNATURE	1111/1	lla	his	44.0	ATTENDING	MFD	M.	STAFF PHYS.		ATE SIGNE	, 1967
be r DIRE DIRE		22c. PHYSICIAN'S	au v			M.D		S mho		nical Ce			
PITAL OF I may be ERAL DIR		NAME (Type)	Bruce A.	Chabner	. M.D.		Instit	tutes	of F	lealth,	Bethe	sda.	Md.
TO HOSPITAL Poge 4 may b TO FUNERAL D director, pag should be file	230	. BURIAL, CREMATIC	<u>.</u>		23c. NAME OF CEM	AFTERY OR				ATION (City or To		(County)	
FU directly	200	REMOVAL (Specify BURIAL			Green H					Clay Po		, ,,	ginia
	24	FUNERAL PIRECEO		Rose	ADDRESS	777 141		o. REC'D BY			EGISTRAR'S		0
VR A15 (4) 25M 1/67	1	ves Fine	ral Home,	Inc	Arlington	, Vira	inia DA	TESEP	7	1967	Chan	Can U	udge
			, /	1						12 15		T. V. A.	971

LEWIS AND CONTRACTOR OF THE PROPERTY OF THE PR A CONTRACTOR OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12547 12556 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, write RUPAL and give nearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS campletely filled dod NO K 3. NAME OF Middle DATE Manth Day Year DECEASED 9 (Type or print) DEATH 19 AGE (In Feors last birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 区 **NEVER MARRIED** 8. DATE OF BIRTH Months Haurs Min. in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE/County & Stote, or foreign country) VZ. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY ? pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor, or, dates of service) 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit cremat PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO this certificate has been signed Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause prior to the lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES OR ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING

CAUSE OF DEATH ď be detached State Dept. c (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm, (City or town) (County) (State) foctory, street, office bldg., etc.) While Nat While at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) 4this spitol) attended the deceosed from. 1967 that (1) (we) last 19 67, and that death accurred at 4000 M, fram causes and on the date stated obove. saw the decorsed alive r, page 3 sharber be filed with 1 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) h w directar, should b 230 BURIAL, CREMATION, NAME OF CEMETERY OR CREMAJORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) OREMOVAL (Specify) UITLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

A STATE OF THE STA Anna Turker for the formation of the first terms of And the state of t WAS A SECURE STATE ASSESSMENT OF THE PARTY O APA TERREST AND THE STATE OF TH vo. 7, 1007 Dates oneste Painot received Co., Very Carl

THE REPORT OF THE PARTY OF THE man and the state of the state San Crimical , Indicate page 7,50 and man

1000000000000000000000000000000000000		
The state of the second		
THE PERSON OF TH		
	Court and are a minimum.	
THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY.		
The state of the s		
The second secon		
the state of the s		
是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的		
	THE RESIDENCE OF THE PARTY OF T	
E 12/2011 - 1/2010 - 1/201 - 1/201 - 1/202 - 1		
		X III IS B Z ST

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12551 12560 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Georgia CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ely filled in by the ban papers. Page within 72 haurs o 150 days Blakely Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 20014. d. STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland Route 1 Box YES NO EX NAME OF 4. DATE Manth Day Year DECEASED OF DEATH John Blakely September 21 (Type or print) Henry 19 67 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Hours Male White WIDOWED DIVORCED 28 May 1960 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT = COUNTRY? U.S.A during most of working life, even if retired) INDUSTRY Georgia None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Carl Blakely Carol Erenheim 17. INFORMANT The Medical Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, ar unknawn) (If yes give war ar dates af service) The Clinical Center, Bethesda, Maryland 2001/ None crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ANSEL AND DEATH Bilateral bronchopneumonia IMMEDIATE CAUSE (o) DUF TO burial, 21 years Canditians, if any, which gove Acute Myelogenous Leukemia rise to immediate couse (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? State Dept. af Health YES X NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (State) Not While factory, street, office bldg., etc.) at work ot work , 19 67, to Sept. 21, 1967, that \$0 (we) last 21. I certify that (** (this hospital) attended the deceased from April 24. saw the deceased alive and Sept. 21. 19 67, and that death accurred at 10.70M, from couses and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF 🗵 21 Sept. 1967 M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) F. Carl Grumet, MD Institutes of Health, Bethesda, Md. 2001/ 23a. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town). (County) (State) REMOVAL (Specify)

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

25o. REC'D BY REGISTRAR Example (North all.

25b. REGISTRAR'S SIGNAPURE

DATE SEP 1967

miles , sum mile, miles , sanding But the state of the state of

MARYLAND STATE DEPARTMENT OF HEALING Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12552 CERTIFICATE OF DEATH aw requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where declived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY montgamers montgomer MARYLAND filled in by the fa c. CITY OR TOWN of outside corporate limits, write RURAL and give mearest town) CITY OR TOWN (If outside corporate limits. TENGTH OF STAY IN 16 write RURAL and give nearest town) hours IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES T NO X 3. NAME OF Middle DATE carban ant, with Doy DECEASED Blendma (Type or print) DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR S. SEX physician and comp 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH pleose remave, Months a Hours any DIVORCED WIDOWFD emale 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 106. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Russia Homemaker LLSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, 17. INFORMANT 5,5, md 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) 1000 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the has been lost PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate far 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the of work ot work pe 21. I certify that (1) (this hospital) aftended the deceased from 6 0 M. fram causes and an the date stated above saw the deceased alive on and that death accurred at 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS , page be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) directar, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Washington, D. Adas Israel Cemetery 1967 Stein Hebrew Memorial 232 Carroll 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Washington. Funeral Home

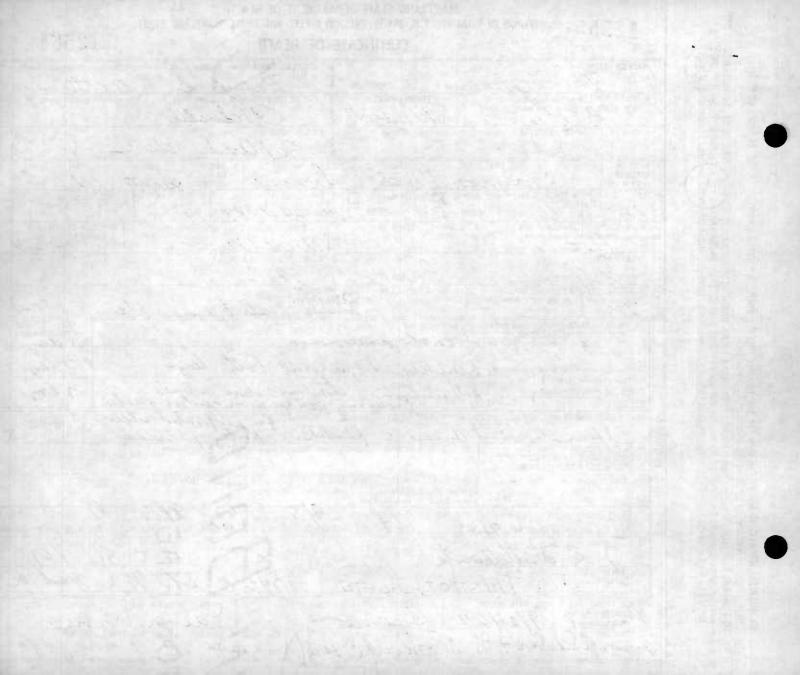
SAN ELECTRICATION OF THE PROPERTY OF THE PROPE

the state of the s militaria e santore emanare mante del male santore) The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12554 CERTIFICATE OF DEATH 12563 requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ofter Montgomery MARYLAND Pennsylvania Wayne the b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Waymart 8 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Box 16 The Clinical Center, Bethesda. NO X YES Maryland 3. NAME OF 4. DATE Last Month Day Year DECEASED Gordon (Type ar print) Emory Bond September 20 DEATH 19 67 remove car S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED birthday) Haurs DIVORCED/XV August 12, 1908 Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Guard: Retired INDUSTRY COUNTRY? Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Myron Bond Edith Emory 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Reconds (Yes no, ar unknown) (If yes give war ar dates of service) 20014 211-12-1035 The Clinical Center, Bethesda, Maryland cremation, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH DUF TO (b) Bone Marrow Aplasia Canditians, if any, which gave 10 days rise to immediate cause (a), DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 may be retained by the hospital or ottending has been (d) Macroglobulinemic Lymphoma 4 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 204 INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) Nat While ot wark 21. I certify that (A) (this haspital) attended the deceased fram September 121967, to September 1967, that (X) (we) last saw the deceased alive an September 201967, and that death accurred at 2:30 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED 20 Sept. 1967 DIRECTOR PHYS. 22 THYSICIAN" 22d. ADDRESS The Clinical Center, National NAME (Type) Institutes of Health, Bethesda, Md Donald N. Buell 23b. DATE THEREOF BURIAL, CREMATION, (State) BEMOVAL (Specify) 1567 Janan Toursk 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE EUNDRAL DIRECTOR VR A15 (4) 25M 1/67

Committee of the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12555 12564 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE MARYLAND in by the Pages aft b. CITY OR TOWN (If outside corporate limits, write RURAL and give peopes town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give negrest town) papers. Page thin 72 haurs o d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES NO P 3. NAME OF Middle 4. DATE First Lost Dov capapterety Year DECEASED (Type or print) DEATH AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE IF UNDER YFAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED and in any gud 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) **INDUSTRY** CDUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, attending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) 10 crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior tal has WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION CERTIFICATION detached far use te Dept. af Health NO X YES T **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (Stote) (County) foctory, street, office blda., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased from 196 , that (I) (we) los and that death accurred at/130 M, fram causes and saw the deceased alive on, an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREC CEMETERY OR CREMATORY 23d. LOCATION (City or Town (Stote) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12556 12565 CERTIFICATE OF DEATH death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission COUNTY UMERI MARYLAND CITY OF TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give neares) fown) papers. Pag hin 72 hours a .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? filled nin NO P YES NAME OF Middle 4. DATE First Month Dov remove-carban Year DECEASED (Type or print) OF DOLPH event, DEATH S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MORRIED ast birthdov) Months Days Hours WIDOWED DIVORCED July 29,1883 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.Gov't. physician c during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. affending phys Bernard Borjis Elsenheimer Christine IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no_or unknown) (If yes give wor or dates of service) Mrs. Tebbetts C. Borjes. Wife, Same None crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X TOL 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) foctory, street, office bldg., etc.) Not While at work **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased fram be filed with the saw the deceased alive and and that death accurred an the date stated above fram causes and 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 凶 M.D. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) directar, shauld b 230. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Crematory Suitland b by registrar 196 VR A15 (4) 25M 1/67

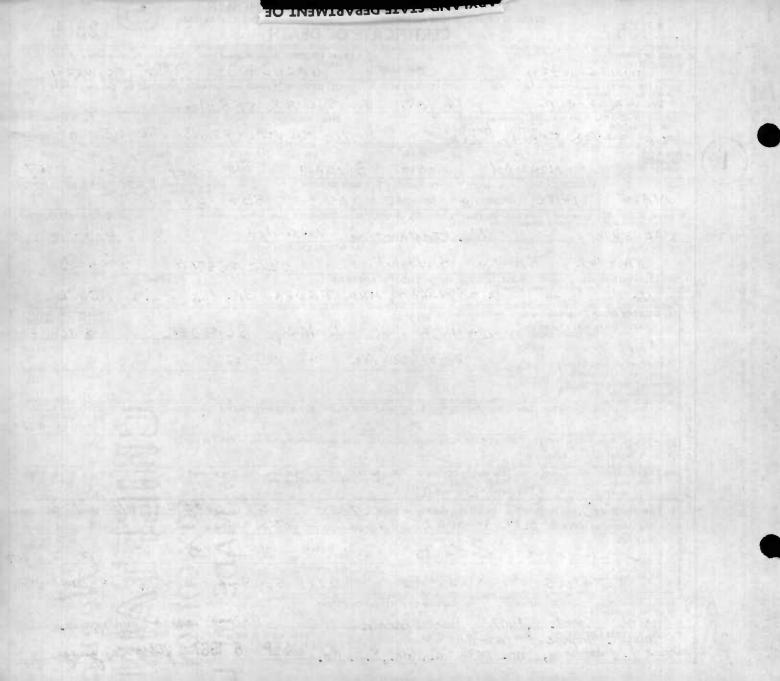
Tangarah Mara Tangarah Langarah Maran Tangarah Maran Manda Maran M Legisland Landston (110 / 100 / 100) The control of the control o 12557

TO HOSPITA	may be re	TO FUNERA	page 3 sha	the State B
VR 1S	A	9/5	(4)	

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12566

o. COUNTY	NTGOMERY		MARYLAND	o. STATE MARY			
b. CITY OR TO	VN (If outside corporate limit	ts, write c. LENGTH	OF STAY IN 16	-	utside corporote limits, w		
RURAL and g	R SPRING	16	4R5,	SILVER	5RRING		15-1
d. NAME OF H	OSPITAL (If not in hospital, g ION 514 VER SPRI	AVENU	É	d. STREET ADDRESS	TR SPRING	AVENUE	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	Fin	st	Middle HALE	BOWMAN	4. DATE OF		Day Year 1967
S. SEX MALC	6. COLOR OR RACE	7. MARRIED NEV	ZER MARRIED DIVORCED	B. DATE OF BIRTH MARCH 19, 1	9. AGE (In lost birthe	yeors IF UNDER 1 YE doy) Months Day yrs.	AR IF UNDER 24 HRS. s Hours Min.
100. USUAL OCCU during most of CARPE 13. FATHER'S NAM	working life, even if retired		onstruct	STRY 11. BIRTHPLACE (Stote	or foreign country)		OF WHAT COUNTRY?
		ANKS B	OWMAN		12 ABETH	d Dio	KENS
15. WAS DECEASE (Yes, no, or unknown)	DEVER IN U. S. ARMED FOR			NFORMANT URS. TRUDA	BARNES	Address A	BOVE
181	F DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO if ony, which)	CANC	ER OF	SRINARY AL METAS	BLADDE TASIS	0	NTERVAL BETWEEN INSET AND DEATH 8 4EARS
couse (o), sto lying couse	to immediate DUE TO)	NG TO DEATH BU	T NOT RELATED TO THE TERM	nal disease conditio	N GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO []
20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1	B.)	
Hour o	NJURY Month, Doy, Yes . m. 19	While Not w	8.0	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Coun	ty) (Stote)
				death accurred at	59, ta SEPT. 9M, from the cause		that(1)(we) last ate stated above. 22b.DATE
22c. PAYSICIA NAME (T)	omes a PPO JAMES 1	A. RoBO		22d. ADDRESS	FORGIA AVE.		SEPT. 2, 196 PRING, MD
23g. BURIAL, CREA REMOVAL (SP SULLAN 24. FUNERAL DIRE			AE OF CEMETERY OF	In		own, or county) Age County REGISTRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 12558 CERTIFICATE OF DEATH 2567 The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY b COUNTY North Carolina Montgomery MARYLAND filled in by the ru popers. Poges nin 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 7 days Camp LeJuene Bethesda (rural) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS MOQ 2102 MCB NO X Naval Hospital completely h Middle DATE 3. NAME OF First Last Doy Year buriol, cremation, or removol, and in ony event, with DECEASED September 67 BRAY William Terrill (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Last birthday) Manths Davs Haurs Dec. 14, 1916 Cauc remov Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of wark dane COUNTRY? USA ottending physicion o sermit. Then please during most of warking life, even if retired)
U. S. Marine Corps INDUSTRY Oak Park. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Terrill William John Bray Camp LeJuene, Newth Carolina 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. buriol-tronsit permit. (Yes, oc. ar unknown) (If yes give war ar dates of service) 348 01 0974 Mrs. Harriet Bray, MOQ 2102, MCB 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Lymphatic
PART I. DEATH WAS CAUSED BY: Chronic bymphatic Teals INTERVAL BETWEEN Chronic hymphatic/Leukemia with bilateral ONSET AND DEATH signed by be retoined by the hospital or ottending physician. bronchopneumonia DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been directar, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES XX NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Hour a.m. Nat While factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Sept. 21 , 1967, ta Sept. 28, 1967, that (4) (we) last saw the deceased alive an Sept. 28, 1967, and thot deoth occurred at 655P. M, from causes and an the date stated above. 226. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** Sept. 29, 1967 M.D. DIRECTOR L 22d. ADDRESS 22c. PHYSICIAN'S HAME (Type) Daivd R. Foremen, M. D. Naval Hospital, Bethesda, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL CREMATION, 23b. DATE THEREOF Arlington, Virginia BMOYAL (Specify) 10/3/67 Arlington National 24. FUNERAL DIRECTOR FallsChurch Funeral Afterne W. J. M. Charles Der REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milarles Judge VR A15 (4) 20 M 1/66 1102 West Broad Street, Falls Church, Va.

TOTAL SECTION OF THE	Manager of the state of the sta
sortion or to	(, ratin) observation
The date and part	Tadimol_ well
WARE TO SELECT THE SELECT OF T	
clocal T. Fact and	
12 - 141 - 141	good duot, netting
	The state of the s
4 saconomedica visa	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12553 CERTIFICATE OF DEATH 12568 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Montgomery a. COUNTY Montgomery MARYLAND CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Silver Spring hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS = e. IS RESIDENC ON A FARM filled Montgomery County General Hospital 9020 Fairfield Road YES NO S NAME OF Middle 4 DATE corbon Day Year DECEASED (Type or print) 1967 HANNAH BROOME Sept. 11, MARY DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Manths Days May 5, 1886 in any White WIDOWED X Female DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife attending physicion of sermit. Then please INDUSTRY COUNTRY? Camden. Ohio S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Dr. Charles C. Jones Lillie Moreatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address (Yes, na, or unknown) (If yes give war or dates of service 20-44-1448 Eleanor Broome 18. CAUSE OF DEATH (Enter only one couse per lipe-for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE Poge 4 may be retained by the hospital or ottending physicion. DUE TO Canditians, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse De aerached for use as the Stote Dept. of Heolth prior to certificate has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DE 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Dov. Year Hour 'o.m foctory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this muspifel) attended the deceased fram march 1967, that (1) (we)-last director, page 3 should should be filed with the 1967, and that death accurred at OBO M. from causes and an the date stated above saw the deceased alive an 220 SIGNATUR 22b. DATE SIGNED VanBuren 22d. ADDRESS NAME (Type) ARTHUR F. WOODWARD Rockville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 9-13-67 Darnestown, Maryland Darnestown Presby.Cem. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland

Commence of the Commence of the Property of the Commence of th Beer of Science County (County in County) of the County of Science of A SHEET AND A STREET OF THE STREET and a particular to the same of the same o to the interior of L. L. S. L. L. And Camera W. De national Control MICHAEL COMMENT SANGLED AND SA William Branch and Charles and Comment of the Comme and the second s and the production of the broken may reserve the transfer of the second HUMLED STREET, SELECTION OF THE SELECTIO

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 2 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

25 60 CERTIFICATE OF DEATH

12569

-	2.70					****				
	PLACE OF DEATH	- TOTAL TOTAL			2. USUAL RESIDENCE (W	Vhere deceose	d lived, if institu	rtion: Residence	before odmir	ssion)
1	o. COUNTY Montgo	morg	MAD	VIAND I	o. STATE Mary 1	and	b. COL	Mont	gomen	V*1.7
	b. CITY DR TDWN (If outside ca		c. LENGTH OF STAY I	YLAND	c. CITY OR TOWN (If our	tride comparet	a limita vuita DI			
	write RURAL ond give neore:	st tawn)	C. LENGTH OF STATE	IN TO		•		JKAL OHO GIVE	neorest rown)	,
	Garrett Pa		years			rrett	Park		/3	
- 1	d, NAME OF HOSPITAL OR INSTIT	TUTION (If not in h	ospitol, give street oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
-	11301 Rokeby				113		okeby A	Ave.		NO K
	(Type of pinn)	ERGE T	HOMAS BROWN		Lost	4. DATE OF DEATH	Sep		Doy 1	Year 9 67
-	sex 6. color of Whit		NARRIED NEVER MARRIED IDOWED DIVORCEE		ept. 4, 1	.907	AGE (In years lost birthdoy) 60 yrs.	Months I	YEAR IF UND Doys Hour	DER 24 HRS. Min.
duți	. USUAL OCCUPATION (Give kind or ing most of working life, even if re CONOMLS C	f work done etired)	10b. KIND OF BUSINESS OR INDUSTRY GOVE		11. BIRTHPLACE (County & Mary Land		eign countrγ)		ZEN OF WHAT	s.
	FATHER'S NAME				4. MOTHER'S MAIDEN N					
	Albert Brow	m		136	Rosir	na Fra	anz			
	WAS DECEASED EVER IN U.S. ARM	NED FORCES?	16. SOCIAL SECURITY NO.	17. INI		fe	Addı	ress		
(Ye	es, no, or unknown) (If yes give v	vor or dotes of servi	215-26-065	59 A	nn R. Bro	own	Same	e as I	Item 2	2.
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (o), (b), and (c).)	1,31	16.6	1	<		INTERVAL E	
	IMME	DIATE CAUSE (o)	Muren	acres	Mugar	cycu			Much	CC.
	4201	DUE TO	h 1	- 17	+	M	- e- v		11/1	years
	Conditions, if any, which gove		Unter	neku	to Hear	be	ewin		un	nn
	rise to immediate couse (a), stating the underlying couse									
	lost.	(c)_								
ALION	PART II. OTHER SIGNIFICANT CI		BUTING TO DEATH BUT NOT REL	ATED TO THI	TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)		19 WAS AL PERFOR	UTOPSY RMED? NO IX
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	20b. DESCRIBE HOW INJURY O	CCURRED. (Er	ter noture of injury in F	Port I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Hour o.m.	Doy, Yeor	20d. INJURY OCCURRED While Not While at wark at wark		OF INJURY (Home, form, street, office bldg., etc.)		(City or town)	(Coun	ty)	(State)
			ottended the deceased			9 63, to			that (1) date stat	
9	220. SIGNATURE	w y	Lame	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. DAT 9-21		
	22c. PHYSICIAN'S NAME (Type) GE	ORGE SI	HARPE		22d. ADDRESS TO	0400 (ensing		Ave. Maryla	and.	
230		Bb. DATE THEREOF	23c. NAME OF CEMI	ETERY OR CR	MATORY	23d. LOC	ATION (City or To	own) (0	County)	(Stote)
T	REMOVAL (Specify)	-23-67	Gate of	Heav	en Cem.	Sil.	ver Sp	ring.	Marv	Land
24	FUNERAL DIRECTOR		ADDRESS		2So. REC'D	BY REGISTRA	AR 2Sb. R	EGISTRAR'S SIG	NATURE	
R(DBERT A. PUN	APHREY,	Bethesda, 1	Maryl	and DATE S	EP 25		JUlian	les Jus	Igr.

TILE WENTER THE TE · 15 STATE OF THE PARTY Colored and the Market of the Charles And the state of t The contract of the contract o bridge and the state of the sta

popers. Pag thin 72 hours a filled in by

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			70 - 170		
ER	TIFI	CATE	OF	DEA	TH

12570

0.	COUNTY MON	tgomery		MARY	LAND	o. STATE Mary	(where de		county Montgo		e odmissio	on)
	write RURAL and	f autside corporate limit give nearest town)	's,	c. LENGTH OF STAY II		c. CITY OR TOWN (If	outside con	porote limits, writ			t town)	
	Silver					Rockville				/-	5 /	
		AL OR INSTITUTION (If n		ive street oddress)		d. STREET ADDRESS				1	e. IS RESID	
H	oly Cro	ss Hospital				4434 Halle	et St	reet				NO 🔀
DE	ME OF CEASED pe or print)	STACEY	irst S1	Middle UE BURBAI	NK	Lost	4. DAT	Senten	Month	13 Doy	19	67
S. SEX	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	25	9. AGE (In year		Days Days	IF UNDER Hours	Min.
10o. US during	SUAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count	ly & Stote, o		12.	CITIZEN OF OUNTRY?		
13. F/	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Pe	rry F. Bur	hank T	TT	-							
IS. W	AS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. IN	Susan I	Rober		Address			
(Yes, r	no, or unknown)	(If yes give war or dates o	of service)					19				
	O CAUCE OF DE	A711 /C-1		none	J Pe	rry F. Bu	rbank	III P	ather-			
'	PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	0.	neetive	he	art fail	ure		1 month	C ON!	ERVAL BET SET AND D	
	199.2	DUE	10	0		0					10.4.40	+1.
	onditions, if ony,		(b) 11	ilmenar	ux 1	usuffic	una	4			YVLOL	uu
	se to immediate oring the under		10	24 . 1	. 4	+ 00	_ (10001	
	st.)	(c)/	nallyn	ani	jeral	orna	-	C 14 C		gew	0
NO P	ART II. OTHER SIG	GNIFICANT CONDITIONS C	CONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO TH	IE TERMINAL DISEASE CO	ONDITION (GIVEN IN PART 1(0)		WAS AUTO PERFORM	ED?
	Do. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OC	CURRED. (E	inter noture of injury in	n Port I or	Port II of item 18	B.)	1 11	ES	NO NO
E (i		WEDICAL EXAMINER)		0								
MEDICAL	Oc. TIME OF INJU Hour o.n	10	20d. IN While of work	JURY OCCURRED Not While of work		OF INJURY (Home, for ry, street, office bldg., et		f. (City or tow	n) (C	ounty)	(Stote)
	21. I certif	y that (1) (this has	pital) attend	led the deceased	fram_3	death accurred a	1967		+ 12, 19			
2	220. SIGNATURE	cedsed dilve dir	- Wall	11.07,0	ma mai	dealli decolled c	اللاعتبال ال	_111, 110111 (00		DATE SIGNI		abave
	ZV. SIONATORE	Edu	and &	1 Feroli	M.D.		MED. DIRECTO	R STAFF PHYS.	D 9/	14/6	97	
2	PHYSICIAN'S NAME (Type)	Edward	Feroli			22d. ADDRESS 213 N. Fr	ederi	ick Ave.	,Gaithe	ersbu	rg,M	d.
	BURIAL, CREMATIC		-	23c. NAME OF CEME		REMATORY		LOCATION (City		(County)	,	tote)
B	REMOVAL (Specify)	9/16/	67	Parkla	wn			ockvill		ylan	d	
	FUNERAL DIRECTO	eeler Fune	ral Ho	me 1331 R Rockvi	ock :	Pike DATE	C'D BY REG	8 1967 S	b. REGISTOAR'S	SIGNATUR	Judy	N.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exect, with Page 4 moy be retoined by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

An enange of the second Transfer there are a series to the series of the series of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12571

12562

CERTIFICATE OF DEATH

PLACE OF DEAT a. COUNTY				O CTATE	(Where deceased lived, if institu	ation: Residence before odmission)
	Montgomery		MARYLAND		ryland b. coc	Montgomery
b. CITY OR TOW	 (If outside carparate limit and give nearest tawn) 	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside carporate limits, write RI	URAL and give nearest town)
Olr	ey		D.O.A.	Damascus	3	15-1
d. NAME OF HO	SPITAL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Mon	tgomery Gen.	Hospi	tal	27I29 Ri	Ldge Road	YES NO
3. NAME OF DECEASED		irst	Middle	Last	4. DATE Mor	
(Type ar print) S. SEX	6. COLOR OR RACE	7. MARRIED	NMN NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	tember 22 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED	DIVORCED DIV	11/2/97	lost birthday)	Months Days Hours Min.
Ma be	White TION (Give kind of work done		ND OF BUSINESS OR		ty & State, ar foreign country)	12. CITIZEN OF WHAT
	ing life, even if retired)		ont.Cty.Roads	,		COUNTRY?
13. FATHER'S NAM		PR	speed, cry . roads	Virginia 14. MOTHER'S MAIDEN		U.S.A.
15 WAS DESCRASED	hur B. Burne	111	SOCIAL SECURITY NO. 17.	Otta Sm	Add	
(Yes, no, or unknow	vn) (If yes give war ar dates	of convice)				ress
NO		P	79.28.6537 M	edical Reco	ords -	
18. CAUSE O	F DEATH (Enter anly one co DEATH WAS CAUSED BY:	use per line far	(a), (b), and (c).)	1 .		INTERVAL BETWEEN
FART I.	IMMEDIATE CAUSE	(0) 0	ronary o	clusion		ONSE AND DEATH
420	DUE	TO 5 -	1. On A	h- 1.	1. 1.	
	onγ, which gove)	(b) (A)	anosterol	u cardus	vosculardis	euse 2 years-
	nderlying cause DUE	10				
last.)	(c)				The state of the s
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
OR CONTRIBUT OR CONTRIBUT						PERFORMED? YES NO
20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	n Part I or Part II of item 18.)	
OR CONTRIBUT	ING CAUSE OF DEATH CIFY MEDICAL EXAMINER)					
= (11 21111211, 1101	INJURY Manth, Day, Year	20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, far	rm, 20f. (City ar town)	(County) (State)
Haur Haur	o.m. 19	While	Not While fac	tary, street, affice bldg., et		(****)
	p.114,	at war	k at work bed at work at work bed the deceased fram.	10/18	1965, to 9/22	, 19.6.7, that (I) (4.1)
	deceased alive an_	9/2	2- 1967 and the	t deoth occurred a		and on the date stated obove
22a. SIGNATU		017	178217 4114 1114			22b. DATE/SIGNED
	Janus (J.Ke	M.		MED. STAFF PHYS.	9/23/67
22c. PHYSICIA	1.			22d. ADDRESS		
NAME	James	P. Ker	rr, M.D.	Ridge R	Road, Damascus,	Malu
23a. BURIAL, CREM	ATION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or T	awn) (County) (State)
REMOVAL (Spe	1 ^{ify)} 9-25-	67	Damascus		Damascu	s Mont. Md.
24. FUNERAL DIRE			ADDRESS	2Sa. REG	C'D BY REGISTRAR _ 1_2Sb. R	REGISTRAR'S SIGNATURE
Franci	s H. Barber	Layto	nsville, Md.	DATE	SEP 26 196/	Juanes Judges

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death Pages 1 and 2 Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

No. 1				
			Proposition	
	and man		Valley	
	Carlo dage Doca			
	*148-161		Ing-	
	9 1 16/2/tt			
	elety-1V	abigus out Countries	18.2.10	
			Author Pilmer	
	- ebroom Laothid			
Le Constitution		. W. 47(4.5) d		
	Pideo Road, Dames	DEET, TIES	onmet 1	
M Jook sugas			(1875)	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

il director, filed with

filled

completely

physician

attending

gned

R: Afte

roy be retained FUNERAL DIR

0

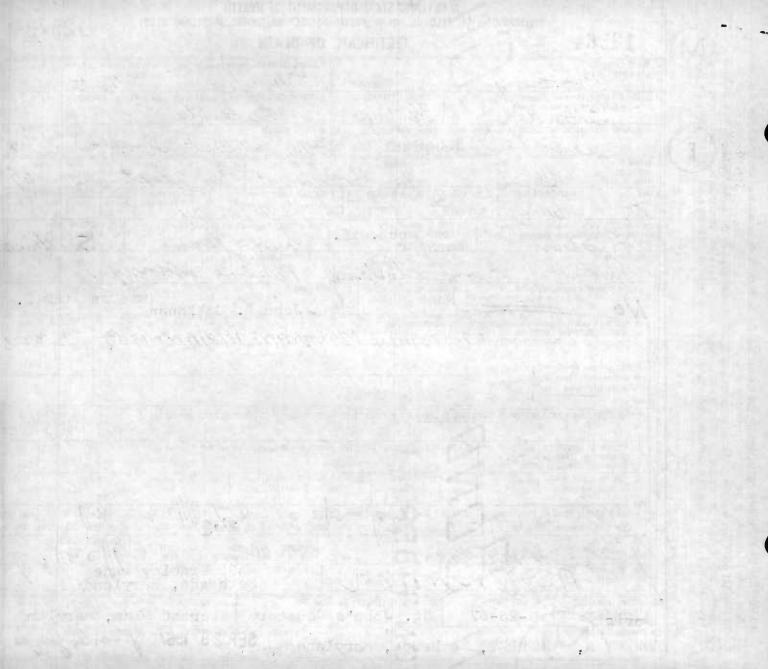
15M 9/58

page

The wildless was to be to be to be to be the first of the Contraction o tanger of the first of the first of the constant of the first of the f William of the sales And with all annual to the land, and analysis of annual to

PUMPHREY. Bethesda, Maryland

DATE



ADDRESS

Son

Frederick, Maryland DATESEP

VR A15ME (5)

6M 1/67

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

insign, S., if the second of the second second in the second seco Lorent I. (213 commence of the control of the contr

L	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X	12566 Item #2d Film #G3CERTIFICATE OF DEATH	75
33 3	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm o. STANG. b. MUNYL gome ry	mission)
	b. (ITY OR TOWN (f) outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town write RURAL and give nearest town (f) outside carparate limits, write RURAL and give nearest town	vn)
	Silver Spring	5.1
2	d. NAME OF HOSPITAL OR/WSTITUTIONS(If nat in haspital, give street address) d. STREET ADDRESS 218 Shaw Ave e. IS ON	RESIDENCE A FARM?
1	Comial Vila 12/BD\$/ New HA strips hild the YES	NO
3	3. NAME OF First Middle Lost 4. DATE Manth Day DECEASED (Type or print) F. MMA. A. Campbe // DEATH Sept.	Year 1967
-	S STY LA COLOR OF PACE 17 MARRIED WATER OF PIPTH 19 AGE (INVENTS IFLINDER) YEAR IF II	INDER 24 HRS.
ľ		ours Min.
1	10a. USUAL OCCUPATION (Give kind at wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHA	AT
d	during most of working life, even if retired) INDUSTRY Housewife at home Maryland U.S.A	
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Samuel T. Addison Mary Elizabeth Micou	
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Add son Compbell 1740-1(and Ave No.	rups,
F	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	L BETWEEN
	MMEDIATE CAUSE (0)	
	Conditions, if any, which gove) (b) Cond Head Fall re	Wasa
L	rise to immediate couse (a),	
	stating the underlying cause (c) mitral standis	1200.
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS	AUTOPSY FORMED? NO
CEDTICICA	PERR YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED While Not While factory, street, office bidg., etc.) (County)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Not While of work at work 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased fram 10 - 2 , 1966, ta 9-10 , 1967, that (
	saw the deceased alive an 9-9 1967, and that death accurred at 630 AM, fram causes and an the date st	ated abave
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 9-10-	67
	M.D. PHYS. DIRECTOR P	• /
	NAME (Type) R. H. Sandstrom 7701 Carroll Ave Takoma Pon	k, Md
7	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
L	REMOVAL (Specify) Cremation 9/11/67 Loudon Park Baltimore, Md.	
	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 3 SIGNATURE DATE DATE DATE DATE DATE.	ige.
1	Amount recent + Les thanks 100 also Dubel In 1000	

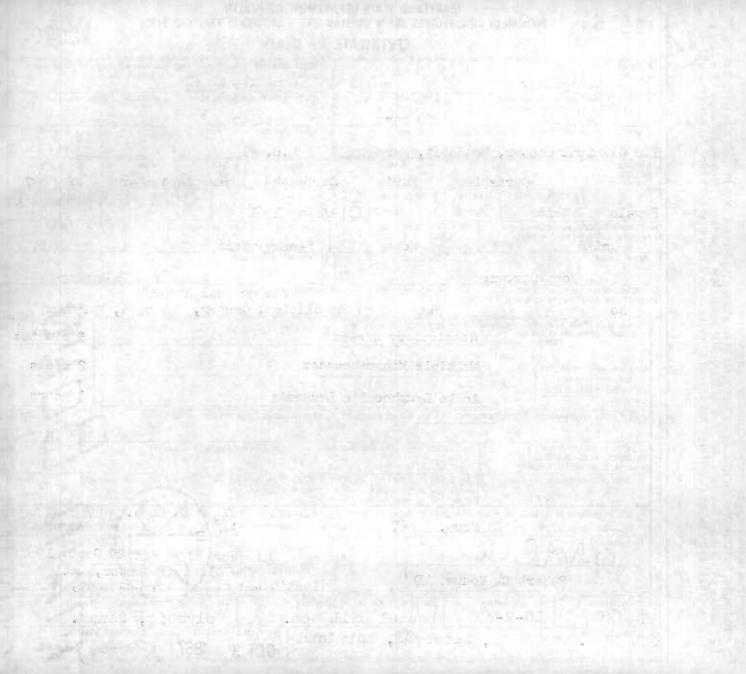
78 July 1997 (20 4) 1997 1997 Note the Baratyras and the second described the second statement of Community of the cold of the c The second secon and all the skingers of the The state of the state of MI SHARE THE TENED OF THE STATE roset on 911/o see are

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12576

- 47	A T	/			CERTIFICAT	L OI DEATH			
The law requires that the death certificate be executed within 24 haurs after death. attending physician. has been signed by the attending physician and campletely filled in by the funeral has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carbon papers. Pages I and 2 the priar ta burial, crematian, ar remaval, and in any event within 2 hours after death.			LACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived,		ce before admission) /
o la		-	Montgomery		MARYLAND	o. STATE		b. COUNTY	V
ffel es es		_		limits C 1FI	NGTH OF STAY IN 15		nsylvania outside corporote limits,	write PLIDAL and aive	negrect town)
rs o			. CITY OR TOWN (If autside carparate write RURAL and give nearest town)					WITTE KOKAL UNG GIV	o nedresi (dwii)
in by the			Bethesda	1 50	o days	Hel	am		12,3
in in eers			. NAME OF HOSPITAL OR INSTITUTION	It nat in haspital, give stre	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
9 9 9	25	T	ne Clinical Cente	r. Bethesda	. Maryland	R.D. #	<u>{</u>]		YES NO X
campletely filled in nave carbon papers ny event within 72 h	,		IAME OF	First	Middle	Last	4. DATE	Month	Oay Year
P P P			FCEASED Type or print) Ch	ristine	Marie	Carbaugh	OF DEATH Sep	tember	28 1967
npl ver		S. :	EX 6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In	years IF UNDER	I YEAR IF UNDER 24 HRS.
car y e		म	emale White	WIOOWEO	DIVORCEO	14 May 1961	last bir	thday) Manths yrs.	Oays Haurs Min.
physician and conen please remainant, and in any		_	USUAL OCCUPATION (Give kind of work of				y & State, ar fareign count		TIZEN OF WHAT
o u		duri	na mast of working life, even if retired)	INDUSTRY					UNTRY?
ea		12	Child FATHER'S NAME		None	Pennsylv			USA
		13.				14. MUTHER 5 MAIDEN			
nit. Then ar remava			John Car				JoAnn	Van Valk	enburgh
t. Tre			WAS OECEASED EVER IN U.S. ARMEO FOR , na, or unknown) (If yes give war ar do		SECURITY NO. 17.	INFORMANT The N	Medical Rec	Or ^{Address}	
the attending parsit permit. The matian, ar rema		(No No	No	ne T	he Clinical	Center, Be	thesda, M	aryland
signed by the atte burial-transit perr burial, crematian,			IB. CAUSE OF DEATH (Enter only one PART I. OEATH WAS CAUSED BY:	cause per line far (a), (b)					INTERVAL BETWEEN
m tisi			PART I. OEATH WAS CAUSED BY:	INF (a) Raspira	tory Arres	t			50NELAND CEAR
a by me I-transit I, cremal			2011	OUE TO					
signed by burial-trar burial, cre			Canditians, if any, which gave	(b) Multipl	e Microabo	esses			2 weeks
			rise to immediate cause (a),	DUE TO					
far use as the Health priar ta			stating the underlying cause last.	(d) Acute L	ymphocytic	Leukemia			3 years
rigin			PART II. OTHER SIGNIFICANT CONDITIO				ONOITION CIVEN IN PART	1(a)	19. WAS AUTOPSY
use of the		NO	TAKE II. OTHER SIGNIFICANT CONDITIO	IS COMMISSION TO DEAT	_ BOT NOT KEENTEO IX	J THE TERMINAL DISEASE CO	SHOITION STYLIN IN TAK	1(0)	PERFORMEO?
eal	/	SIG	20 - ACCIDENT WAS INDEED VING	201 DESCRIPE	HOW INJURY OCCURRE) /F=44	D-4 I D-4 II -1 3	- 10)	YES X NO
		ERTI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ZOD. DESCRIBE	HOW INJURY OCCURRED	D. (Enter nature of injury in	ran i ar ran ii ar ner	П ТВ.)	
		AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
be detache State Dept.		MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Oay, Ye Haur a.m.			LACE OF INJURY (Hame, fa octary, street, affice bldg., et		tawn) (Cai	unty) (State)
ate		×	p.m.	19 at wark	at work \square				
			21. I certify that (X) (this	haspital) attended th	e deceased fram_	9 August ,	1967, ta 28	Sept., 196	7, that (X) (we) last
the the			saw the deceased alive a	28 Sept.	_1% <u>7</u> _, and th	at death accurred a	19:55 M. fram	causes and an th	ne date stated abave.
i ti			220. SIGNATURE			ATTENDING	IM	22b. D/	ATE SIGNEO
director, page 3 shauld should be filed with the			(shut !	you	7	W.O. PHYS.	OFRECTOR PHY		Sept. 1967
file	1		22c. PHYSICIAN'S	of \		22d. ADDRESS	The Clinica	1 Center,	National
pe p	/		NAME(Type) Robert	C Young, M	Π,	Institut	es of Healt	h, Bethes	da, Maryland
el el		23 a	BURIAL, CREMATION, 23b. DAT	THEREOF 23c.	NAME OF CEMETERY O		23d. LOCATION (C		(County) (State)
sho		T			aurel Hil			ia, Pen	' '' '
		_24				DC - DE	D BY REGISTRAR	2Sb. REGISTRAR'S S	
(4) 67		R	BERT A. PUMPHI	REY, Bethe	sda, mar	yland of C	10.07		y Judge
, 0/						UUEL	0 1001	1	1



THE RESIDENCE OF THE PROPERTY The large Land All Silve med to the about the house States of the Contract of the States Marie A second styling the styling of the styling styling of the styling sty Santaland of Street Street was a first of the second of the second Contract of De Contract of the

The second of th

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	12570 CERTIFICATE OF DEATH 12579
1.	PLACE OF DEATH o. COUNTY M Ontgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edn ontgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edn ontgomery MONTG,
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Gaithersburg 37yrs Gaithersburg /5
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A F YES N
3	R. NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED OF
-	(Type or print) Eugenia Athelia Childers 5. SEX 16. COLOR OR RACELY, MARRIED TO LEVER M
	Female White
10	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COL
9	done during most of working life, even if relired) House Wile Elkins. W. Va U.S.A
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Eugene D. Liller Lillian E. Simms
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) ((Ifvestive war or dates of service)
-	218-20-2430 Kathrleen E. Hanna, Gaithersburg Md
	18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).] NSET AND D. ONSET AND D.
	IMMEDIATE CAUSE (6) 1 CCC T TAILOFE
	Conditions, if any, which) (b) Metastatic Breast Carcinoma 34RS
1	gava rise to immadiate cause
	(a), stating the underlying Cause last,
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT
PATE	YES NO
CERTIFICATION	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (St. Hour e.m. While Not While Mot While factory, street, office bldg., etc.)
X	
	21. I certify that (I) (this hospital) attended the deceased from 130 1967 to 7/4 1967 that (I) (we saw the deceased alive on 1967, and that death occurred at 37M, from the causes and on the date stated at
	228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 226. STAFF PHYS. DIRECTOR PHYS. 226. STAFF PHYS. DIRECTOR PHYS. 226. STAFF PHYS. DIRECTOR PHYS. 227. STAFF PHYS. DIRECTOR PHYS. 228. SIGNATURE
	22c. PHYSICIAN'S NAME (Type) MELVIN J. KORDON MD 13 Deer Pouls Drive Gaithers.
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOYAL (Specify)
_	Burial 9-6-67 Park Lawn Rockville, Md. 4 FUNERAL SUFFECTOR'S SUGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
2	Church & yarring SED 7 1067
1_	Ernest C. Garther Gaithersburg, Md. IDATE OLI 1907 formers

naturalities and the second Can This was a second of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12571 12580 CERTIFICATE OF DEATH hin 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY loutgo iner MARYLAND b. CITY OR TOWN (If outside proporote limits c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours = papers. Af not in hospital, give street address d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled North B YES NO DATE OF DEATH NAME OF Doy Year and campletely DECEASED and in any event, (Type or print) 13 SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED IF LINDER 24 HRS NEVER MARRIED remove lost birthdoy) Months Doys Hours Female WIDOWED DIVORCED 10o. IISUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or loreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
House wife please Ena 13. FATHER'S NAME ar remayal, 14. MOTHER'S MAIDEN NAME attending phys 17. INFORMAN Address permit. (Yes, no, or unknown) (If yes give wor or dates a) service State Dept. af Health priar ta burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? for use 20o. ACCIDENT WAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. lactory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the and that death occurred at saw the deceosed alive an_ from causes and on the date stated obave 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATOR) DATE THEREOF (Stote) 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

Market Andrews and water the book A State of the second Man I Act House to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Maryland Montgomery after Montgomerv MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Silver Spring Silver Spring = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 514 Deerfield Avenue Deerfield Ave. in in ND X YES within etely pou WIT NAME DF DECEASED First Last DATE Month Day Year Middle DF DAVID Sept. (Type or print) CHOPNICK DEATH 67 19 executed SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. emove 6. COLDR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Male White 189 WIDOWED DIVORCED 10a, USUAL DCCUPATION (Give kind of work done | 10b, KIND DF BUSINESS OR 12. CITIZEN DF WHAT 5 11. BIRTHPLACE (County & State, or foreign country) sician ease r during most of working life, even if retired)
Furniture Retailer INDUSTRY CDUNTRY? Furniture Polland USA attending physic ermit. Then plea certificate 13. FATHER'S NAME removal 14. MOTHER'S MAIDEN NAME Morris Aaron Chopnick Sadie Snider 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SDCIAL SECURITY ND. 17. INFORMANT Address permit. 0 death Morris Miller 509 Mansfield Rd, SSpg. Yes unknown cremation, INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat The law requires that the ONSET AND DEATH p PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed DUE TO Cenditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the has be as th prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY Health PERFORMED? certificate the hospital or ND 7 YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I thed f DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING pe at work at work retained 0 that (I) (we) last 21. I certify that (I) (this hespital) attended the deceased from 3 should with the and that death occurred at 11200M, from the causes and on the date stated above. saw the deceased alive pn 196 SIGNATURE FUNERAL Din. 22a. De pe ATTENDING PHYS. DIRECTOR M.D. PHYS. TO HOSPITAL **ADDRESS** director, p 22c. PHYSICIAN'S NAME (ype) (State) BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 10 Oct 196 Natl. Mem. Park Burial Falls Church REC'D BY REGISTRAR 1967 FUNERAL DIRECTOR ADDRESS Clean VR A15 (4) Goldberg Funeral Home 4217 20M 1/65

the state of the state of the state of the

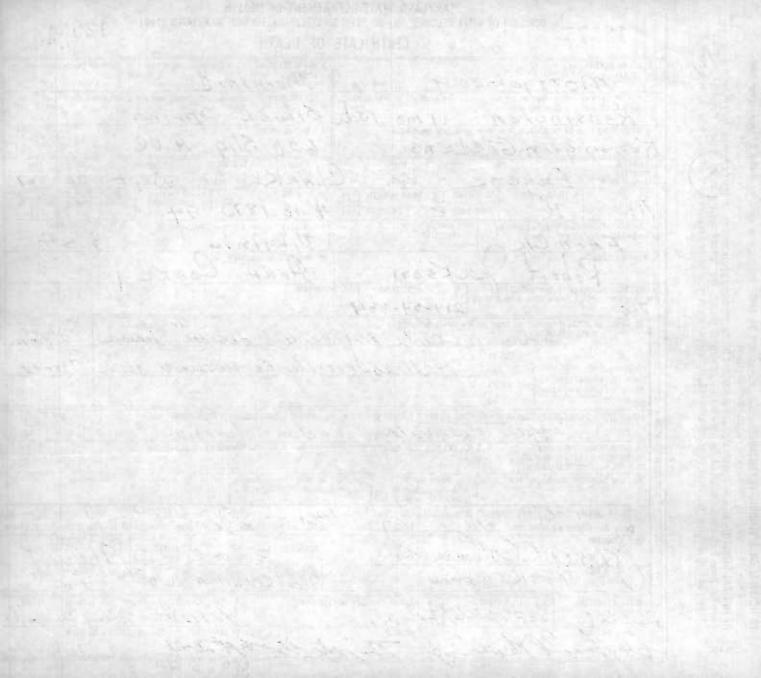
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12573 12582 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon papers. Pages 1 and in any event within 72 houry after deati PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Lycomina MARYLAND b. CITY OR TOWN (If autside carparate limits, write, RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Williamsport Silver Spring 12 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 708 Rosemere Street Silver Spring. 1391 Almond Street YES NO NAME OF 4. DATE First Lost Month Year DECEASED 1967 Clark Sept Pearl (Type or print) DEATH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY ? LNDUSTRY Williamsport,

14. MOTHER'S MAIDEN NAME Jun Home 13 FATHER'S NAME Sarah 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates af service) 708 Rosemere Street SS. Mc 183-40-6930 Hoover 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse os the prior to O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO ' 🔀 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 1B.) 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache should be filed with the Stote Dept. 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1967 . to 19 47, and that death accurred at & 15 AM, fram causes and an the date stated above. saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Nealon 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Williamsport. Lycomina emeteru (0. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 8434 Georgia Ave S.S.

DUST LIVE time is a little of the contract of the contra with the construction of t . It bears the The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12583 CERTIFICATE OF DEATH deoth. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1h c. CLTY OR TOWN (If outside carparote limits, write RURAL and give negrest town) write RURAL and give-nearest town) e. IS RESIDENC papers. d. NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street address) d STREET ADDRESS hin 72 ON A FARM OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 00 YES 3. NAME OF DATE Year last Day DECEASED ve carl event DEATH 19 IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED and in am puo 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ? lousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, J. Adams Minnie James Aaron Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Husband Address Same as Item 2. nknown Raymond Clark 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PerudentLobularPneumonia IMMEDIATE CAUSE (o) DUE TO Bronchogenic Carcinoma; Right Lung Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse by the hospital or offending last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) Not While of wark 196/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 4 may be retained 19 6 2 and that death accurred at 5:40 P.M. from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS Viers JONES STEPHEN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9-28-67 Parklawn Cemeterv Rockville, Maryland Burlal 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland Ochonles 1967

1001 Saul - para seminary and control of the sault



death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in b director, page 3 should be detached for use as the burial-transit permit. Then please remove (arbae papers. Pahould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour

Tuneral

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12576 CERTIFICATE OF DEATH 12. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before ad

	1. PLACE OF DEAT	Н						eased lived, If insti		before admission)
1	a. COUNTY			a. STATE Maryland b. COUNTY Ontgomery						
1	b. CITY OR TOW	/N (if outside colpora and give nearest tow	te limits	MARYL c. LENGTH OF STAY		c. CITY OR TOWN (I				~
+	Takone	and give nearest tow	vn)	2 month		Chevy	Chas	e	,	51
1	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street ad	dress)	d. STREET ADDRESS			0.	IS RESIDENCE
0	Jaknaven	Compleso		tome		6625 Hil	.landa	le Road	Y	ON A FARM?
	3. NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	alleved	he	e Com	~be		DF DEATH	Sept	2.7	1967
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years II		FUNDER 24 HRS.
	M	W	WIDOWED	DIVORCED	1	500.4.18	81 5	last birthday) M	Ionths Days	Hours Min.
	10a. USUAL OCCUPAT	IDN (Give kind of work	done 10b. K	IND DE BUSINESS OR		11. BIRTHPLACE (County & State,		12. CITIZEN O	
	6	ing life, even If retire	a) II	NDUSTRY		CDUNTRY?				
1	13. FATHER'S NAM	Entant				14. MDTHER'S MAI			u	· e) ,
	Par	O Combo	,			house	. M	met		
1	15. WAS DECEASED	EVER IN U.S. ARMED FD	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address	OL	. ch.
	No.	(11 yes give war or gates g	ر يصنع	-01-5145	tas:	Miam Com	470	William	10-	eny Chase
		DEATH [Enter only on		ine for (a), (b), and (c)		· cracino -onc	00,710	1 WILLIAM	INTER	VAL BETWEEN
1		EATH WAS CAUSED BY	: /,	1. J. G.	1000	· Sens He	ololy	alika her	DNSE	T AND DEATH
	177 MMEDIATE CAUSE (a) Create as celebraty of the separation 3-4 days									
1	Cenditions, If	Conditions, If any, which DUE TO Caromonia of Prostate & Level 2 years								
	gave rise to	gave rise to Immediate								
		cause (a), stating the DUE TD Obotenchion of Multiple Osseons Metorics (c)								
	PART II. OTHER	SIGNIFICANT CONDITION		JTING TO DEATH BUT NO	OTRELA	TED TO THE TERMINAL	DISEASECONE	TITION GIVEN IN PA	ART 1(a) 19.	WAS AUTDPSY
	PART II. OTHERS 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO								YES	PERFORMED?
	20a. ACCIDENT	WAS UNDERLYING ING CAUSE DF DEA	20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f injury in Pa	rt I or Part II of		
	OF CONTRIBUT	ING 🗌 CAUSE DF DEA TIFY MEDICAL EXAMII	TH NER)							
	ZOC. TIME OF	INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 20	De. PLAC	E DF INJURY (Home, f	arm, 20f. (City or town)	(County)	(State)
1	20c. TIME OF Hour a.u		While	Not While	factor	y, street, office bldg.,	etc.)			
			at work			30/-	dott.	9/27	20/2 / 11	1.70.7 1.4
1		-	men attend	ed the deceased fro	J111	er.	90 /_, to_	1/2/		at (I) (we) last
	22a. SIGNATU	ceased alive on	1/2	6 196/, an	id that	death occurred at	A.M., Tro	m the causes ar	nd on the date 22b. Daye sigi	
1	17/2	posto 16	· Xho	and con		ATTENDING PHYS.	MED.	STAFF	9/27	11-
,	22c. PHYSICIA	IN'S	. 000	- a ser	_M.D.	PHYS.	DIRECTOR	PHYS.	1/2/	0 /_
	NAME (T	ype) CHAR	LES S	. Woods	N	1801 Ey	2 54.	Looph. e	0.6. 2	0006
1	23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(State)
IX	Crematic		3-67	Cedar Hi	11	Crematory	Suit	tland. N	darylan	d
1	24. FUNERAL DIRE	CTOR		ADDRESS		25a. R	C'D BY REGIS	TRAR 25b. REG		
	ROBERT A	. PUMPHRE	Y, Be	thesda, M	ary	land .or	T 2 1	967	arces for	

VR A15 (4) 20M 1/65

But the Court of t The state of the s

	Items 18-20 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-10-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12586
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where dereosed lived, if institution: Residence o. STATE b. COUNTY b. COUNTY b. COUNTY	before odmission
r death. If only delay is ive Pages 1, 2, and 3 to g with form PM3. Page the State Department of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town) 132 1050 250 250 250 250 250 250 250 250 250	15.1
h. If on form form	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 7823 Custer Rd	e. IS RESIDENCE ON A FARM? YES NO
ive Page with	(Type of print)	Doy Year 27 19 6 7
urs after n 18. G ice alor d2 with eoth.	7.e. W- WIDOWED DIVORCED DEC. 21, 1905 lost bigthdoy) Months	YEAR IF UNDER 24 ARS. Doys Hours Min.
within 24 haurs pencil in Item 18 xominer's Office of ile poges Iond 2 v hours affer deoth	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 110. US CWITCE 11. BATHPLACE (State or foreign country) 12. CITIZ COUNTRY 13. FATHER'S NAME	TEN OF WHAT
withir n pencil	Henry W. Heider Elizabeth Dernn	Road
ding" ii Nedicol Sermit.	No (If yes give wor or dotes of service) 77-52-3935 Carl A. Heider Hyattsville	e, Md.
thould be executed in word "pending" in the Chief Medicol E. uriol-tronsit permit. Fi any event within 72.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Party 19/- Barbiturate poisoning & drowning DUE TO	INTERVAL BETWEEN ONSEL AND DEATH
the state of the position of the state of th	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. Conditions, if ony, which gove (b) DUE TO (c)	
INER: This certifico to certificate, writing should be forwarded files. 3 should be used as 3 should be used as tion, or removol, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO DEATH DOK. OVER 10.5 PATH TOOK. OVER 10.5 PATH PRIMARY OF DEATH TOOK. OVER 10.5 PATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TOOK. OVER 10.5 PATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. EXTERNAL CAUSE WAS TOOK. OVER 10.5 PATH PRIMARY OF CONTRIBUTING TO DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTR	19. WAS AUTOPSY PERFORMED? YES NO
NER: The certification of refined to the certification of the certificat	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Took overdose of barbiturates and submerge in bath tub	d
L EXAMIN ecute the Poge 4 sh or your fil or your fil r. Poge 3 sh	20c. TIME OF INJURY Month, Doy, Yeor 7 Plour o.m. Sept27 19 67 of work of work of work 20 thou	mery Md.
ro DEPUTY MEDICAL EXAMINER: necessory, please execute the certification of the funeral director. Page 4 should 5 may be retained far your files. or FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremotion, or	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner .	and in my apinion
D DEPUTY MEDICA necessory, please es the funeral director. 5 may be retained 5 FUNERAL DIRECTO Health prior to buria	SIGNATURE John 9. Ball M.D. ASSISTANT MEDICAL EXAMINER 7/28/87	22. DATE SIGNED
o DEPUTY necessory, the funero S may be o FUNERAL Health pric	230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) ((Lounty) (Stote)
VR A15ME (5)	Burial 9-30-67 Rock Creek Cemetery Washington, D. 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE OCT 3 1967 Pulsar	
om 1/6/	DATE OF THE PARTY	- Just

Land Background The control of the co · Company and the second of the second o TON THE BUT TO STATE OF THE PARTY OF THE STATE OF THE PARTY OF THE PAR

12587

b. COUNTY (If outside carporate limits, write RURAL and give nearest town) ON A FARI OF DEATH 9. AGE (In yours IF UNDER last birthday) Manths 12. CITIZEN OF WHAT COUNTRY? 16. SOCIAL SECURITY NO INFORMA Address (Yes, no, or unknown) ((If yes give war ar dates of service) INTERVAL DETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING ☐ CAUSE OF DEATH. Enter nature of injury in Part I ar Part II of item 2Dc, TIME OF INJURY Month, Day, Year While Nat While at work 21. I certify that I took charge of the remains described above Inspection and in my apinian death resulted from: Natural causes Undetermined manner ACTUAL 22. DATE SIGNED SIGNATURE EXAMINER'S

Eastern Cemeterv

Pa.Ave., SE DC3

Montreal

VR A15ME (5) 6M 1/67

may

writing the word

certificate,

in ony

puo OS

removal,

cremation,

Health prior

REMOVAL (Specify)
Removal

Jas. T. Ryan, Inc.

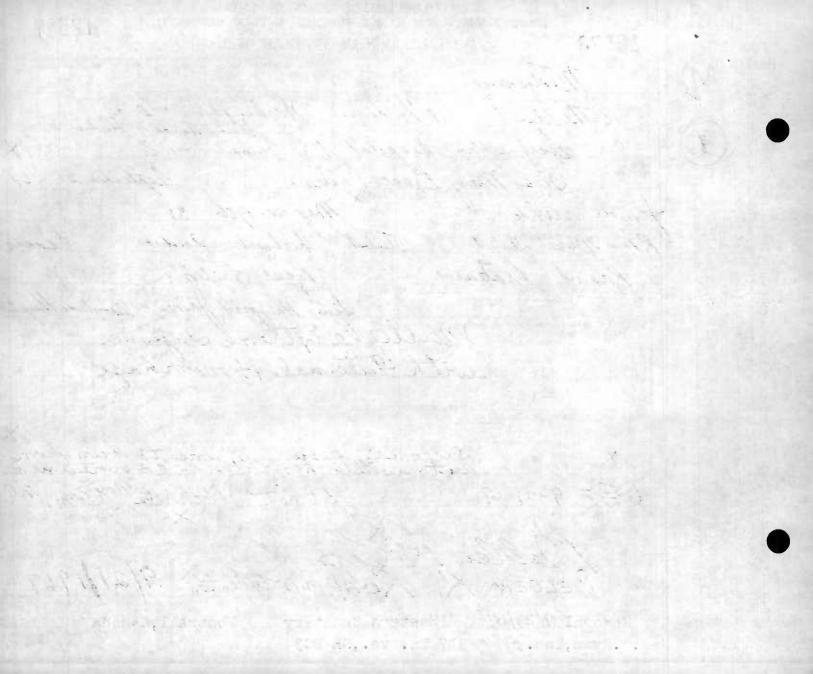
24. FUNERAL DIRECTOR

3 should Ю

TO FUNERAL DIRECTOR: Poge

YOUr

the funerol director be retoined



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12579 125,08 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) within 24 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? (completely) filled in Hospital YES NO Y NAME OF First 4. DATE Lost Doy Year DECEASED OF DEATH Catherine 19 6 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove Jast birthdoy) Months Hours in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY. COUNTRY ? attending physician sermit. Then please Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval. Hiram E Heckrott Bertha Spedden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOISET AND DEATH IMMEDIATE CAUSE (o) þ DUE TO mos Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) has CERTIFICATION NO this certificate be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office blda.. etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital), attended the deceased fram Z, 19___, that (1) (wet last 10 9 and that death accurred at 32 1 M. from causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National VR A15 (4) 25M 1/67 Pumphrey. Inc.

A STATE STATE . 100 also and free also and

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 125:0 12589 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND purs after b. CITY OR TOWN (If autside carmarate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negree tawn) write RURAL and give neares (twn) PHYSICIAN: The law requires that the death certificate be executed within 24 haurs e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat (n) haspital, give street address) d. STREET ADDRESS ON A FARM? filled 2010 YES NO V NAME OF Middle Lost DATE Doy Year Dan DECEASED 19 Ear (Type or print) LIFFORD AVI DEATH ent IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave, last pirthdoy) Months Dovs Hours 8-3-0 any WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? NDUSTRY pup Electric Washington, D.C. U.S.A. Vestern 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval, Clay V. Davis Sidney Rochester 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Б Mrs. Dorothy C. Davis 2019 Hanover Street 577-07-8618 No cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND BEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by signed by DHE TO burial, Canditians, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse as the priar ta l GE 102000 last. WAY AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use YES X NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH at detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While State at wark pe 21. I certify that (1) Athis Kespital) attended the deceased fram. 1963, to 1961, that (1) (we) last should with the 1967, and that death accurred at 1:40 M, fram causes and an the date stated above. saw the deceased alive 22a. SIGNATUR 22b. DATE SIGNED ATTENDING ld be filed w M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld be 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Parklawn Cemetery Rockville 2 Sept. 5. 1967 Montgomerv REGISTRAR OCT 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR C. Glen Carter legglas VR A15 (4) Warner E. Pumphrey Inc. 8434 Georgia Avenue SS DATE

MARYLAND STATE DEPARTMENT OF HEALTH

CUPPER B. DAVIS Bacc - 8 The same of the same of the same A TANK AND VOLUME AND A PROPERTY OF THE COMMENT AND A SHARE AND A med a second owene bern CONCIL. V. HILL Indeed records 9100 alvalor, befored temporer Statement Statement The restant facilities of first house Mantenal James Mante Total Control of the Same The second of the late of at some a largest lead and you're Lab to the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12581

2 haurs after

CERTIFICATE OF DEATH

12590

		PLACE OF DEATH O. COUNTY Mortgomery	IAR YLAND	o. STATE Man	ere deceased lived, if institution b. COL		e odmission) OMCNV
	7	b. CITY OR TOWN (If oxide corporate limits, c. LENGTH OF STA	Thours of	Takoma	de corporate limits, write RU	IRAL ond give nedres	t town) / 15. /
1/	W	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		5/7 Alba	ny Ave.		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Nicholas Schellial	2 Del	orse		mber 24	3 1967
	1	Male White Widowed Never Marked Never Mar Widowed Nover		an. 103 188	9. AGE (In years last birthdoy) yrs.	Months Doys	Hours Min.
	de la	lg. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OF INDUSTRY INDUSTRY	\	11. BIRTHPLACE (County & S		12. CITIZEN OF COUNTRY?	
	1	THEOdore De Lorse	1	Kathryn	Schillian		
	N.	S., WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of service) 16. SOCIAL SECURITY N). 17, INFO	ormant Sital Recon	des 7600 C	arroll A	ve.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	leala	nd pu	luconary,		ERVAL BETWEEN SET AND DEATH
		Conditions, if ony, which gove (b) Perellower (se to immediate couse (a), (b)	itis	fallaco	ing rese	tion :	3 days
		stoting the underlying couse DUE TO (c) Alguni	ried &	olon far	Edeno ca	01.01112	uncertain
/	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT EXECUTABLE WILLIAM	scleras	is, sev	etel,		PERFORMED?
	IL CERTIFI	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ OCCURRED. (Ent	ter notufe of injury in Po			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 20d. INJURY OCCURRED While of work of otwork		OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
				eath accurred at 6		6 , 1967, th and an the dat	
		220. SIGNATURE 4, S. Sidler	M.D.	PHYS. LX DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGN	67
1		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			7
	230	REMOVAL (Specify) 9/29/67 Woodle	emetery or cre	tery	23d. LOCATION (City or To	New York	
	24	on Funeral WHATENAWN & Son Funerab Haddress	in Ave I	N.W. DATE OCT	2 1967 2Sb. R	Charles (udgl:

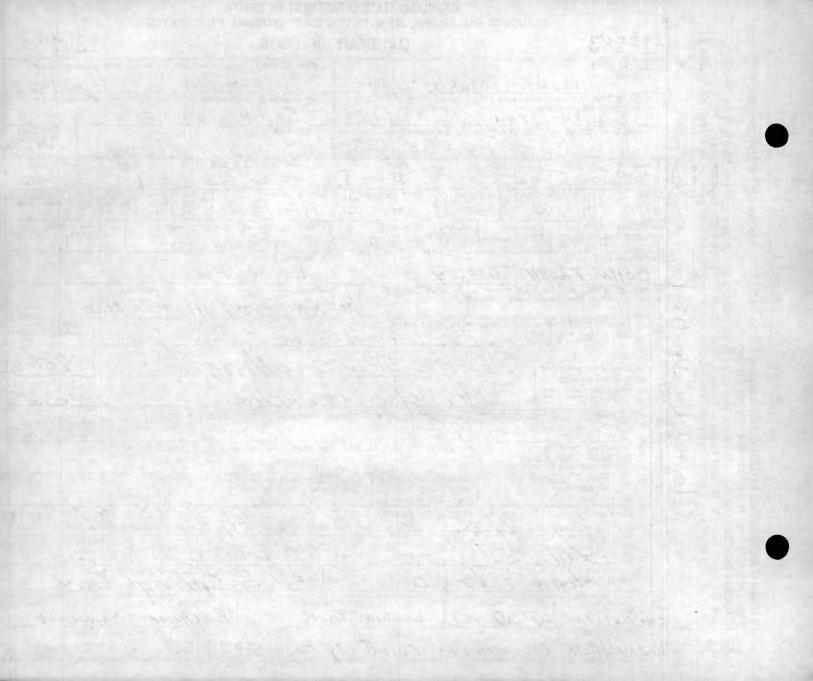
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefiely f director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, with VR A15 (4) 25M 1/67

As religious and the second se Take the first that the first the first Ship of the state The second of th Burish "I'll' I stock a country " Hellowille was last the many sections are the section of the section of

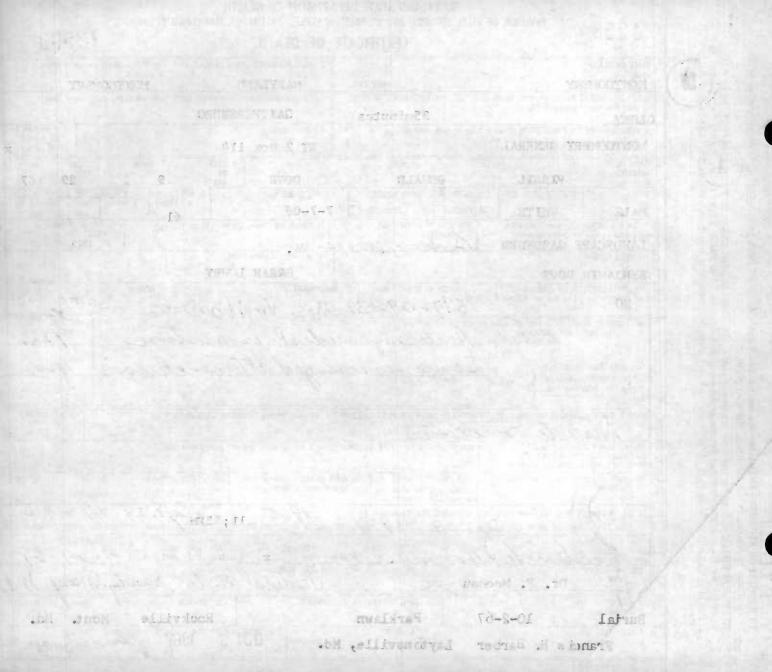
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12582 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmissiop) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (Il outside corporate limit c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ASHIN 6701 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 6313 tome NO K Mursing YES NAME OF and completely f remove carbon First Middle 4. DATE Month Year Lost Doy DECEASED OF ALCE SEDY event, (Type or print) DEATH 19 67 3 min. 12 IF UNDER I YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours burial-tronsit permit. Then please remo burial, cremation, or remaval, and in any, Hebrew WIDOWED DIVORCED CT. 15. 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ottending physician permit. Then please INDUSTRY SALES () DD ussia 14. MOTHER'S MAIDEN NAME WEIZMAN CORO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address SAOROGGINDE 15. WAS DECEASED EVER IN U.S. AKMED FUNCED:
(Yes, no, or unknown) (If yes give wor or dates of service) 219-14-0777 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased fram 19 67, that (1) (we) last and that death accurred affect M, fram causes and an the date stated above saw the deceased alive and 22o. SIGNATURE 22b. **DATE SIGNED ATTENDING** MED. DIRECTOR M.D. PHYS PHYS. TO HOSPITAL Poge 4 may b **ADDRESS** 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town) (Stote) PWAI ISRAEL FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 3

was to the total war. walled the second of the secon BUT TO THE WAY TO SELECT THE SELECTION OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12584 12593 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 haurs after death funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ers. Page 72 haurs. 35minutes GAITHERSBURG OLNEY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ≘. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MONTGOMERY GENERAL RT 2 Box 114 NO 3 YES 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED VIRGIL (Type or print) OSWALD DOVE 29 19 67 DEATH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** last birthday) Manths Days Hours any MALE WHITE WIDOWED DIVORCED 7-7-06 and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, even if retired) INDUSTRY **COUNTRY?** puo LANDSCAPE GARDENER USA MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. or removol, SARAH LOWRY BENJAMIN DOVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service) Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriol-tronsit puriol, cremoti PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (a) þ DUE TO Canditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause prior to hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? olth NO D certificate ATTENDING PHYSICIAN: far 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 70 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur 'a.m. factory, street, affice bldg., etc.) Not While After ot work at wark 21. I certify that (1) (this haspital) attended the deceased fram 196 , that (1) (we) last be retained Mron causes and an the date stated above. FUNERAL DIRECTOR: and that death accurred at saw the deceased alive an New 22a, SIGNATURE 22b. DATE SIGNED 8 K DIRECTOR PHYS. Poge 4 moy b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. F. Moomau should should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (State) BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) 10-2-67 Parklawn Rockville Md. Mont. ADDRESS 24. FUNERAL DIRECTOR OCT 3 REGISTRAR 1967 256. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Francis H. Barber Laytonsville. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH

Anthree State of the Control of the

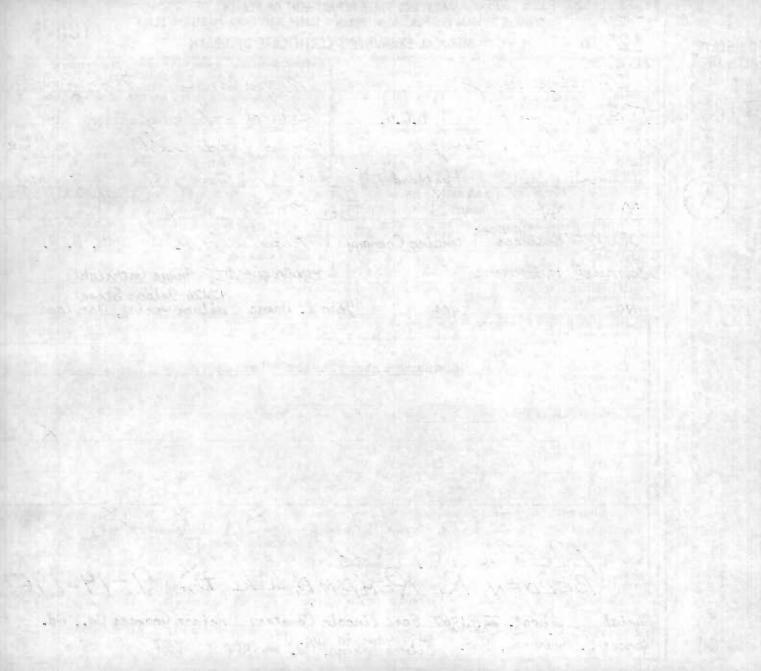
lala Chine August August o. 1646 ft.

Termings. Develop 12: Develop 12: Develop Inc. Strike Develop Company of the Company C

Designably (329 atdes) To montones denograble accordances

Sections of the Court of Section Communications of the Court of the Co

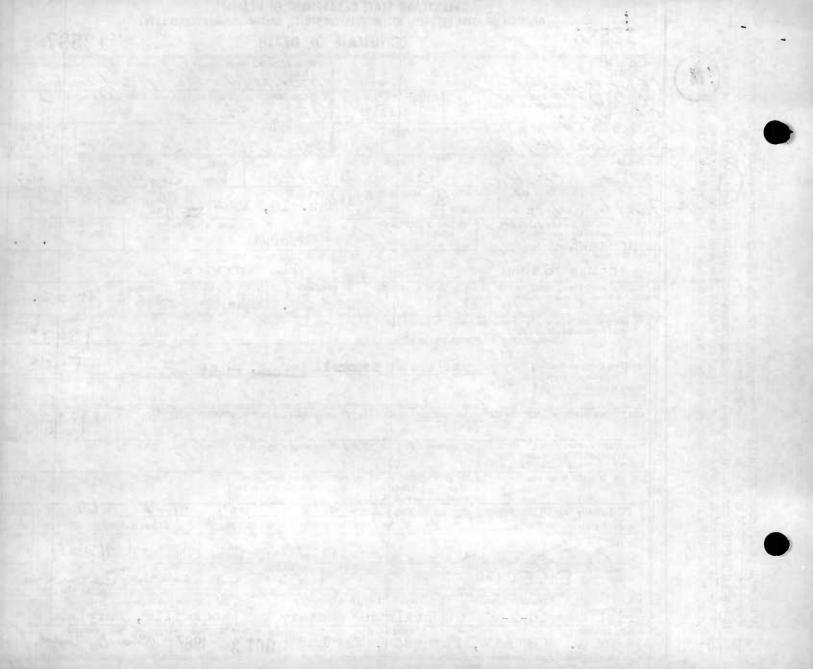
<u> </u>	II	tems 18&21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10~0~
FOR STATE		12586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12595
HEALTH DEPT.	1.	PLACE OF DEATH o. COUNTY MORE AND MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Re o. STATE b. COUNTY b. COUNTY	sidence before odmission)
ath. If any delay is oges 1, 2, and 3 to the form PM3. Page State Department of		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest) town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and Silver Spring)	15-1
	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wask. San; + Hosp. 12426 Feldon St.	e. IS RESIDENCE ON A FARM? YES NO
after death. If of a Give Poges 1, along with farm	L	NAME OF DECEASED (Type or print) Samuel Hartford Downs 14. DATE Month OF DEATH	Doy Year 19 1967
rs affer d 18. Give e alang w 2 with th		M WIDOWED DIVORCED 6-13-30 Iost biuthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
hin 24 haurs after death. If on the lin Item 18. Give Poges 1, niner's Office along with farm pages 1 and 2 with the State Dears after death.	10c dur	o. USUAL OCCUPATION (Give kind of work done get in the strength of the strengt	2. CITIZEN OF WHAT COUNTRY? A.
d within in pencil in Examinet Examinet File page		Samuel H. Downs Sr. 14. Mother's Maiden Name Samuel Gath	right
be executed in pending" in inef Medical Esunsit permit. Fi	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, of unknown) (If yes give wor or dotes of service) yes Yes 16. SOCIAL SECURITY NO. 17. INFORMANT 12426 Feldon S Silver Pring.	treet
INER: This certificate shauld be executed within 24 haurs e certificate, writing the ward "pending" in pencil in Item 1 shauld be farwarded to the Chief Medical Examiner's Office files. 3 shauld be used as a burial-transit permit. File pages 1 and 2 tian, ar remaval, and in any event within 72 haurs after death		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: HOMEDIATE CAUSE (a) Conditions, if any, which gove ise to immediate couse (o), stating the underlying couse last. (c) Location for (o), (b), ond (c). Acute coronary thrombosis Coronary artery heart disease DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
This certificate, writing be farward be used continuated continuat	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, hauld be falles. should be un a should be un an an ar reman	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.) CAUSE OF DEATH.	(
	MEDICAL	20x. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
MEDICAL please execute in interpretary Procession of the control o		21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry death resulted frem: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	and in my opinian 22. DATE SIGNED
TO DEPUTY necessary, the funera S may be TO FUNERAI Health prii	230	NAME (Type) DELDEN Address Research (City or Town) REMOVAL (Specify) Address Research (City or Town) REMOVAL (Specify)	(County) (Stote)
VR A15ME (5)		Rurial Sent 22, 19617 Fort Lincoln Cemetery Prince Georges	AR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12587 CERTIFICATE OF DEATH and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY the death certificate be executed within 24 hours after S. 8 MOD 140 MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b. AIKOMA PARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS BOYD NO F NAME OF DATE Par First Lost Month completely nave carban Day Year DECEASED 0F (Type or print) wm DEATH 19 (0 SFX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 JE UNDER 24 HRS remayer lost birthdoy) Months Hours DIVORCED 12-14-1888 WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) INDUSTRY COUNTRY 2 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME crematian, or remaval, attending p permit. The WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or, dates of service) CAUSE OF DEATH (Enter only one cause per line for (o) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY requires that DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the haspital ar
TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram. 1967, that (I) (we) last with the saw the deceased alive an_ 1967 and that death accurred at A M, from causes and an the date stated above 22o. SIGNATURE DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 230. BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE SEP 1967 25M 1/67

Line in the second The transfer all the War was a mark for it and it is all a IN THE REPORT OF A PART OF and the first the second of the control of the second of The contract o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12588 12597 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a_ COUNTY CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) montermens MARYLAND the c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn 2 weeks Thesda impletely filled in the carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO Y 3. NAME OF Middle DATE Lost Month Doy Year DECEASED 1967 (Type or print) DEATH IF UNDER 1 YEAR SEX & DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Mar. 10. 1884 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) INDUSTRY COUNTRY? Georgia Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Thomas Pashaw Alla Hardwick the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Husband Address Same as Item 2. Lewis R. DuQuette crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ENSET AND DEATH IMMEDIATE CAUSE (o) Peritonitis DUE TO (b) incarcerated femoral hernia, right Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS!
PERFORMED? detached far use te Dept. af Health YES PC NO [20 o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work ot work Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram 9117 9/2/6 19 6 that (1) (we) last and that death accurred blade 3M, fram causes and an the date stated abave saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 218 WISCOUSIN 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burlal (Specify) Parklawn Cemeterv Rockville, Maryland 10-2-67 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 1967

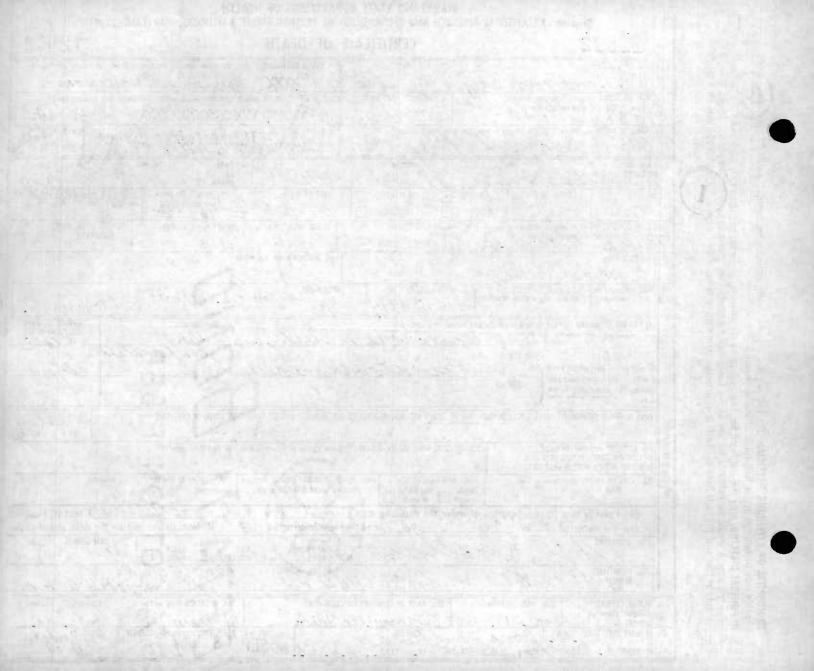


STREET TO AND TRAD Bullian Director , and but ally, the letter as a conf

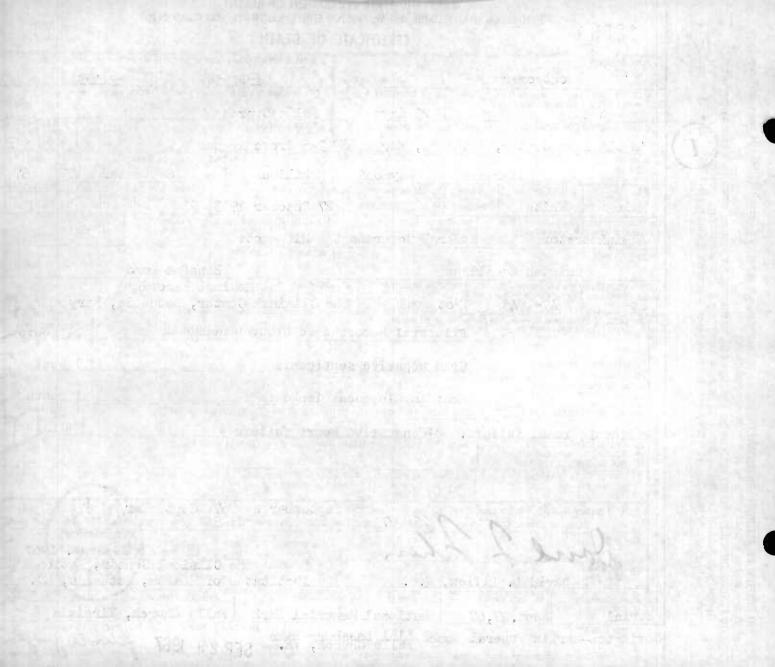
And Alexand 1986 Act to the same of Some organism and on the Art and a second of the party of e to the second willing a rest of parties of the state of th The second secon

THOUSE THURS ELLION IN SHIP ME A 2 W T PROPERTY OF THE PARTY O and the state of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12601 CERTIFICATE OF DEATH hours after deoth ero 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits write RURAL and give nearest #6 popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC filled in ON A FARM YES hin 3. NAME OF 4. DATE Month First Dov Year completely DECEASED 19 6 MRENCE 1107 DEATH (Type or print event, executed IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIFD NEVER MARRIED DATE OF BIRTH 20 Months Hours DIVORCED burial, cremotion, or removol, and in any puo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during)most of working life, even if cetired COUNTRY? physician requires that the deoth certificate Juto Body 14. MOTHER'S MAIDEN NAME 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Clayborn Jk INTERVAL BETWEEN ONSEN AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove (b rise to immediate couse (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While 19 ot work 21. I certify that (1) (this haspital) attended the deceased from aug 11 - 144, 1967, to 2 196), that (1) (we)-last director, page 3 should should be filed with the 12 196 Z, and that death accurred at 930 M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIANS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Thomas VR A15 (4) 20 M 1/66 Pumphreu. ya. Hue.



			10.311196511	
	Briaty and		ginau dao	
	modbracki		(kasım) nö	eroleï
	W- Saud 18t ormer 1		Latinus.	Israft
N II updated	arsan arsan	14-1	graf,	
	Lin Dept. 6. veet 1 .		Cauc	ACAN .
	benfyrell Facel			TANT.
68	Archive Decompless	An all	a, tera ra	Eoverd A\L
	doctrib U resid to	Integral		
14.3	844. 10 (1) (6 × 84)	da 10 11 .a		
.25 .416			-1-15-1	
Bit yet in the	n	.4 .014 3876	T. VIVIII	
hitamos bro	mont - yell twos technique			Tation.
	180 - 180 -	toni (edeu	ui vaalatudu Vaala jakula	a La L



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12604 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND VIRGINIA CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) FAIRFAX 4 days BETHESDA rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 12508 BRADDOCK RD. YES NO Hospita NAME OF Middle 4 DATE Lost Month Dov Year DECEASED 1967 FERGUSON SEPT. VADA P 19 (Type or print) DEATH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 1897 7. MARRIED NEVER MARRIED lost birthday) Months 17 APRIL 1887 CAUC WIDOWED + DIVORCED FEMALE 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZÊN OF WHAT INDUSTRY COUNTRY? WILKES BARRE, N.C.
14. MOTHER'S MAIDEN NAME HOUSEWIFE 13. FATHER'S NAME LEE PARSONS JULIA CHURCH 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address CHARLOTTE BLEVINS 12508 BRADDOCK RD. FAIRFAX. VA. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Pulmonary embolus, massive ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Thrombophlebitis, legs, deep 2 days Conditions, if ony, which gave rise to immediate couse (o), **DUF TO** stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PERFORMED? Diabetes Mellitus NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour 'o.m. foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ 15 SEPT , 1967 , to 10 SEPT , 1967 , that (I) (we) last saw the deceased alive an 10 SEPT 1087, and that death accurred at 2 p M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 20 Sept. 1967 awrence M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Lawrence W. Raymond, M.D. Naval Hospital. Bethesda. Md.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. physician a signed by the burial-transit p by the haspital ar attending the has been OS TO FUNERAL DIRECTOR: After this certificate Poge 4 may be retained director, page 3 shauld shauld be filed with the

funeral dea

ampletely filled in by the fur ve carbon papers. Pages 1 event, within 72 haurs after

remove carbon

and

and in any

crematian, or remayal,

S. SEX

lost.

23o. BURIAL, CREMATION,

REMOVAL (Specify)
BUR LAL

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

23b. DATE THEREOF

THOMAS BRIDGE CEMETERY MINDAORESS

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) MARION 250. REC'D BY REGISTRAR

(County)

(Stote)

10000

THE SHADE RESIDENCE OF THE

LYMPE BARRY, E.C.

STORIES ALUET.

THE SUBSTITUTE OF REPORT SHOWERS SHOWING IN

New party and last the year two

THE THE ACTUAL TO SERVICE AND ADDRESS OF THE PARTY OF THE

Throne Just Coling to the Livery

Short & Parell Land S. To Still Line

AN ADDARGAN THE PARTY NAMED TO A PARTY OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12596 CERTIFICATE OF DEATH 12605 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Silver Spring uears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊑ remove corbon papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 212 St. Lawrence Drive 212 St. Lawrence Drive YES NO E requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month Day Year DECEASED Sept 25 Henry (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthdoy) Months Dovs Hours ond in any WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ottending physician of permit. Then please INDUSTRY COUNTRY? Washington.
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Mary E. Speiser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 212 St. Lawrence Drive Silver Spring. Maryland (Yes, no, or unknown) (If yes give war or dates of service Fillins 213-09-8127 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Dept. of Health prior to Mmes last. 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X YES 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram_ 9/25 , 1% >, that (1) (-we) last TILL 1967. ta O FUNERAL DIRECTOR: A be retoined 9/18 1967, and that death occurred of 1235PM, from causes and an the date stoted obove saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Leanard Gold NAME (Type) 8641 Colesville Rd., Silver Spring, Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) BREMOVAL (Specify) Fort Lincoln Cemetery Prince George Co. Md. Sept. 2Sb. REGISTRAR'S SIGNATURE Cortes 8434 ADRESTATA Avenue 2So. REC'D BY REGISTRAR Silver Spring. Pumphrey. DATE SEP

12805				
		admi 126	,	
	CAS SAS AMARICA DEBINS			
			X22	
A	La Carrier State (Carrier			
	Sections . Asset		Tanasias Call	ata id
-23				
orthus on	that above the Phys		o brazani.	
15 A 100	and sould and and and	Anial Case Tail		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12597 12606 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery Washington, D.C. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn)
Silver Spring removeration papers. Pag n ony event within 72 hours in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM filled Colonial Villa Nursing Home Butternut Street, N.W. 807 NO X YES NAME OF First Middle 4. DATE Month Day Year Last and completely DECEASED 1967 Ellen. Edith Firor Sept. 12 (Type or print) DEATH IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs ond in ony Female White June 6, 1880 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Belvedere, New Jersey U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, James Bittenbender LITZENBERGER Agnes Bittenbender IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, ng, grunkngwn) (If yes give war ar dates af service) Patient's Chart 320-03-2028-B buriol, crematian, CAUSE OF DEATH (Enter only one cause per line for (gf), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY CASET AND DEATH IMMEDIATE CAUSE (o' **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physician. DUE-TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause been as the of Health prior to last TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED use CERTIFICATION YES NO certificate D 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) **DIRECTOR:** After this Haur 'a.m factory, street, office bldg., etc.) Nat While at work at wark 21. 1 certify that (1) (this hospital) attended the deceased from... 19/(-, (that (1) (we) last director, page 3 snoura should be filed with the , and that death occurred at M, from causes and on the date stated above saw the deceased alive an 196 22a. SIGNATURE DATE SIGNED 22h. M.D. DIRECTOR PHYS PHYS 31 U PHYSICIAN'S FUNERAL NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County (Stote) PEMOVAL (Specify) 9 FUNERAL DIRECTOR VR A15 (4)

ST LEGRE HOUSE HOUSE	"Torograps "Torog
To the second reading to the second s	ents 2 - 49118 ents palli lainstes egin
Total total management to the state of the s	ents 2 - 49118 ents palli lainstes egin
Tonio de la company de la comp	ents in evila ents would listen too egine egine
Total description of the second secon	nniau saiti tainbios Hilli
Total description of the second secon	#:1F1
Vorter retrieven	
To the second se	
Yourse, were personal and the second	- Carloy Function
CENTER TO SERVICE THE SERVICE OF THE	
Charte samples and	
the contract of the second second second	
POR SERVICE STATE OF THE SERVI	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12598 12607 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY TITOO Raiston Montgomery Poge Rd. 3 to MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b pup P.M3 Rockville . Md. Germantown tote Depart d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? form 11100 Ralston Road The Marylander NO IX YES "be executed within 24 hours after deoth. I "pending" in pencil in Item 18. Give Poges. NAME OF First Middle Lost DATE Month Day Year **OECEASEO** KATIE FOOTE Sept. **OFATH** 19 67 (Type or print) Chief Medical Examiner's Office olong SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost bathdoy) Feb. 26,1881 Months Dovs Hours Female White 72 hours after deoth. WIDOWED I DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Home Conway, S.C. COUNTRY ? pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma O'Gilrie James O'Gilrie 17 Mitchell Address 11100 Ralston Rd. Rockville, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 212-54-7321 pending" within 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit coronary Insufficency Acute SHIST AND DEATH event IMMEDIATE CAUSE (o) e, writing the word farworded to the Ch This certificate should DUE TO Cardio Vascular Disease. 4/ears ony Conditions, if ony, which gove rise to immediate couse (a), = DUE TO stating the underlying couse lost WAS AUTOPSY PERFORMED? or removal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION the certificote, NO N 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: Poge ot work Inspection X Inquiry X 21. I certify that I took charge of the remains described above, held an Autapsy and in my opinian death resulted from: Natural causes Accident . Suicide Undetermined monner Homicide be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNED prior ASSISTANT MEDICAL EXAMINER 9-1-67 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County)

Cedar Grove Cem.

Bethesda, Md.

250 REC'D BY REGISTRAR
DASEP 8 19

New Bern. North Carolina

2Sb. REGISTRAR'S SIGNATURE

circular Judge

VR A15ME (5)

BMYYEPTIYLTransit 9/1/67

Robert A. Pumphrey

24. FUNERAL DIRECTOR

. same to Later water The state of the s and worden the thirt 317/7016 Company of the Art william SANGTON DESCRIPTION .be , sonsad a x british - Lynnel to 9/1/6 the control of North and the state of the state of THE RESERVE A. A STREET OF THE PARTY OF THE

FOR

in pencil in Item 18. Give Pages 1, 2, and 3 ta

I and 2 with the State Department of

This certificate shauld be executed within 24 haurs after death. If any delay is

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page? Health priar to burial, crematian, ar remaval, and in any event within 72 hours of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	12593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
	1. PLACE OF DEATH o. COUNTY Montgomers	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. COI	ution: Residence before admission) UNTY Messityen		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	- 1		
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		1208 - Brenner	e IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF First PECEASED (Type or print)	Middle 7	LOST DATE MO OF DEATH OF STATE	nth Day Year 2 7 19 67		
	S. SEX 6. COLOR OR RACE, 7. MAR Female Whete WIDO	A	8. DATE OF BIRTH 12/3/96 9. AGE (In years) lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
)	00. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME ERIC LUNSEL	4	14. MOTHER'S MAIDEN NAME WILLISMIN O	lowwood		
ú	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes now, or unknown) (If yes give wor or dotes of service)		NFORMANT FOR BUSH 7	105 BRENNYS.		
	18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), ond (c).) arcinomatosis		INTERVAL BETWEEN ONSET AND DEATH		
	/ 7 C X DUE TO Conditions, if any, which gove nise to immediate couse (o), stating the underlying couse (b) Adenocarcinema, left breast DUE TO					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES 🛣 NO		
CERTIFICATION		RIMARY or CONTRIBUTING				
	Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)		
	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner . CHIEF MEDICAL EXAMINER . ACTUAL ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER . 22. DATE STONED					
2	SIGNATURE EXAMINER'S NAME (Type)		M.D. ASSISTANT MEDICAL EXAMINER L DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	28/67		
	230 BURIAL, CREMATION, 23b. DATE THEREOF	234 NAME OF CEMETERY OR		own) (County) (Stote)		

1967

VR A15ME (5) 6M 1/67

ENERALITORE

5 may be retained far your files.

PURRE 1367 8 1367 9 1444

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12609 CERTIFICATE OF DEATH 12600 PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adprission) a. COUNTY o. STATE b. COUNTY c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, write RURAL and give pagrest town PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET_ADDRESS ON A FARM? NO X 3. NAME OF WIT 4. DATE Year corbon, completely DECEASED OF OEATH (Type or print) nes IF UNDER 1 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED OATE OF BIRTH NEVER MARRIED Months Hours Oavs WIDOWED **DIVORCED** 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign country) during most of working life, even if retired) COUNTRY? puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, not ar unknown) (If yes give war ar dates of service) 16-3156 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND OEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease þ by the hospitol or attending physicion. DUE TO signed burial, Conditions, if any, which gave (b) rise ta immediate cause (a), DUF TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPS)
PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES T NO 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oay, Year Hour a.m. 20d. INJURY OCCURRED (City or town) (Caunty) (Stote) Nat While factory, street, affice blda., etc.) OR ATTENDING at work at wark 21. I certify that (I) (this hospital) nattended the deceased from Poge 4 may be retained 1967, and that death occurred at 250 M, from couses and on the date stated above. sow the deceosed olive on as a 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS , poge be filed 22d. ADDRESS O HOSPITAL 22c. PHYSICIAN'S COAL NAME (Type) Naylo director, p 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Cedar Hill Suitland 9-20-67 Crematory Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Robert A Pumphret 7557-Wisagnsin Markey Ave

and the second s lemigram basining andressure like relative vo-to-to-to-sekramete College of Charles and Charles of the College of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12601 CERTIFICATE OF DEATH 12610 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If autside coparate limits, c LENGTH OF STAY IN 1h write RURAL and live nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCI carbon papers ON A FARM? NO K NAME OF First Middle DATE Day Year DECEASED OF DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 7. MARRIED DATE OF BIRDE NEVER MARRIED last birthday) Months and in any WIDOWED V DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired)

VETIRED LERGYMAN LABUSTRY COUNTRY? ELIGION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, RIEDENBERG INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no-onunknown) (If yes give war ar dates af service) IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myscardva IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause detached far use as the te Dept. af Health priar to PART II. OJHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO N **DIRECTOR:** After this certificate YES 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache should be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased from Sent 18 , 1961, that (I) (we) last ta saw the deceased alive an Sent 21 1961 , and that death accurred at 10'50 AM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 123/67 M.D. ADDRESS 22c. PHYSICIAN'S 14CONS M NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d._LOCATION (City or Town) (Caunty) (State) CREMOVAL (Specify) EDAR HILL CREMATORY UITLAND 0 5130 WASHINGTON

A STATE OF THE PROPERTY OF THE PARTY OF THE AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12602 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12611 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery Montgomery Maryland MARYLAND delay b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) with the State Departme and write RURAL and give nearest tawn)
Silver Spring, Md. Wheaton DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM 3027 Kramer Holy Cross Hospital in Item 18. Give Pages the Chief Medical Examiner's Office along with Middle Lost 4. DATE DECEASED Furcolow 18, Sept, 67 Mary Rebecca (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED last birthday) Female White 11, Feb, 25 in any event within 72 haurs after death WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during mast of warking life, even if retired) INDUSTRY Mississippi in pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within LeRou Mc Ewen 17. INFORMANT 3027 Kramer Street (Yes, ng, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per lipe-PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the CP Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause and PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS remaval, PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 2De. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) Hour a.m. factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page necessary, please execute 21. I certify that be tack charge of the remains described above, held an Autapsy Inspection V. Inquiry 27 and in my opinion Natural causes death resulted from Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 m., TO FUNER., Health prior t SIGNATURE **EXAMINER'S** BURIAL CREMATION 1967 Gate of Heaven Cemetery Silver Spring man 8434 Peorgia Ave. VR A15ME (5 DATISEP Silver Spring. Md.

Norwhelm Postgor.arv Minter States, No. Ladigeof Capes Hospital SULT LENGTH SEC. Ta, tone, of the transfer of the p a p a sa 1943 - Karl Sasta S The second of th Land Carlot Francisco Minister Contract to Line gratement manager for the dame. The dame . Sti minority up to A DO LAND ANNALO DE MANUEL

DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 12603 CERTIFICATE OF DEATH 12612 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ntgomery o. COUNTY Maryland MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Sil. Sprg. Md. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ed in b. Aopers. Pu. Silver Spring , Maryland 1. hr Sprg. d. NAME OF HOSPITAL OR INSTITUTION (th not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 10721 Meadowhill Road 5PT. NO X YES corbon ent, wit NAME OF Middle Lost 4. DATE Month Oov Year **OECEASED** Giebel 9 19 67 Vernell H OEATH (Type or print) S. SEX 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours 4/27/98 White WIDOWED DIVORCEO ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Kentucky housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Reynolds Estes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Holy Cross 1500 Forest G. en Rd. SSMd. no cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. OEATH WAS CAUSEO BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending the 19. WAS AUTOPSY PERFORMEDS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram Aur 1967 to 27 left 1967, that (1) (We) last 1947, and that death accurred at 11 A M, fram causes and an the date stoted obove. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED MED. OIRECTOR K director, page 3 shquld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 302-NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH

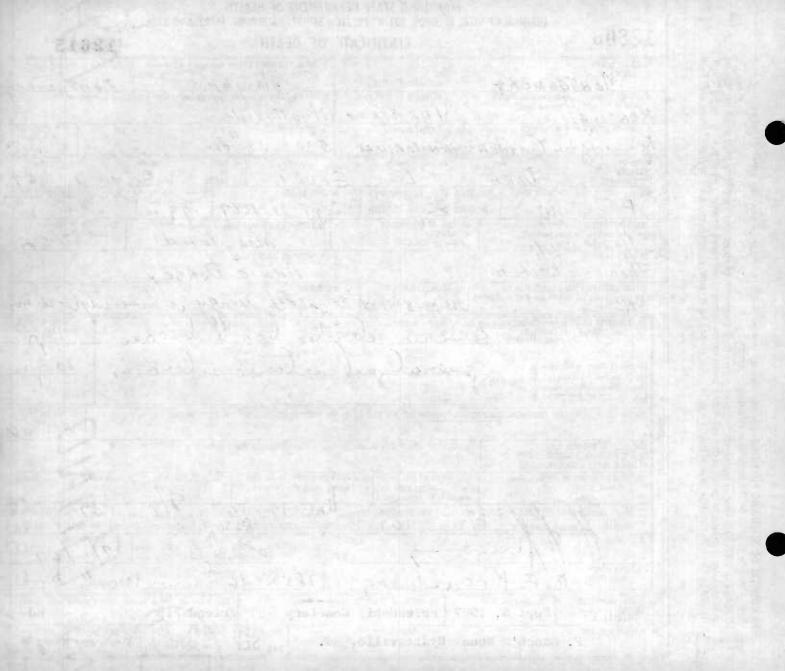
25091			
to the specific course			
The state of the s			
NAME OF THE PARTY OF THE			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12613 12604 CERTIFICATE OF DEATH death. uneral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE within 72 haurs after MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits, autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2 d. STREET ADDRESS e IS RESIDENC ON A FARM? requires that the death certificate be executed within 24 filled NO X NAME OF Middle First DATE Month Last Day Year completely DECEASED OF in any event, (Type or print) LLEN 19 11moPa DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X IF UNDER 24 HRS last birthday) Months Days Hours Min. WIDOWED DIVOR CED and (10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Lounty & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired INDUSTRY burial, crematian, ar remaval, and Laborer 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME more arrie WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for ATP (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: The PERFORMED? Health g NO YES **DIRECTOR:** After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg., etc.) Not While 19 ot work at work 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from \$\infty\$ 1967 and that death accurred at saw the deceased alive an_ M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING N DIRECTOR M.D. directar, page shauld be filed 22c. PHYS/CIAN'S 22d. ADDRESS RONALDW. BARR O HOSPITAL TO FUNERAL OLOGEORGETOWN KO DETHESDA MO NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify), 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) DATE SEP

128113 (Stonelle Mercennes Chamberlein of shotelle 12 9/8 21 (saldford Rungero Le Badel TOTAL CLOSES CONTRACTOR PLANTING THE Description of the state of the THE REAL PROPERTY OF THE PROPE

,1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
E 750 E		12605 CERTIFICATE, OF DEATH	12614
death.	1.	a COUNTY	ion: Residence before admission)
ter the		MONTGOMERY COUNTY MARYLAND DISTORTED DISCOUNTY	SHERNIICIO.
in by the hours after hours after af		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (if outside corporate limits, write R Signature (ITY OR TOWN (4/3
hou hou s. rs. ho	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS / 4/2-6101 -16t]	Washington h St. e. Is RESIDENCE
n 24 h filled papers hin 72	+	Total Control of the state of t	N.W. YESDEND
The state of the s	3.	NAME OF First Middle Last 4. DATE Month	Day Year
	5.	(Type or print) I SAAC "IKE" GOLDBLATI DEATH JEPT	12 19 67 NDER 1 YEAR IF UNDER 24 HRS.
and com	N	ACLE NUMBER OF PROPERTY OF THE STATE OF THE	iths Days Hours Min.
an all	108		12. CITIZEN DF WHAT
ficate be e physician on please r oval, and in	Ho	STION PICTURE OPERATOR PICTURES PUSTRIA	COUNTRY?
certificate nding phys Then ple removal, a	13.	FATHER'S NAME	
nding Th	15	THX JACER GOLDBUTT. S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1101 01 -1
at the death certification. I by the attending it transit permit. Then cremation, or remove	(Ye	es, no. or unkown) (If yes give war or dates of service)	ot N W
tie de	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).1	INTERVAL BETWEEN
that the sician. ned by t al-transit al, crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular building	DNSET AND DEATH
rsic gne ial-		Conditions, If ony, which by Centerin selection Server	
requires ding phy been si the bur tr to bur	1	gave rise to immediate	cer.
		cause (a), stating the DUE ID underlying cause last.	
- + - o -	TION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(e) 19. WAS AUTDPSY PERFORMED?
fica fica for Hea	IFIC/	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUMED. (Enter nature of injury in Pert I or Part II of Ite	YES NO L
	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (2) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Ite	III 10. <i>)</i>
PHYSICIA the hosp this cer this cer detached detached	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town)	(County) (State)
NG by be stat	MED	Hour e.m. p.m. 8/197 7 at work at work factory, street, office bldg., etc.)	2015
R. A.		21. I certify that (I) (this hespital) attended the deceased from \$\int 20\(6719\), to 9/12,	1965 that (I) two last
ATT reta ccro sho		saw the deceased alive on 19 6 2 and that death occurred at 7 10 m the causes and	on the date stated above. b. DATE SIGNED
OR DIRE		Daye Je Chanker M.O. ATTENDING MED. STAFF PHYS.	9/12/6
PITAL 4 may ERAL D or, pag		22c. PHYSICIAN'S 22d. ADDRESS	
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238		or county) (State)
5 5 5 48	12	REMOVAL (Specify) 9/13/67 INTION FIELDS & ENTROPEETS	14,7
	724	ADDRESS 7 - 9 - 25a. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	60	DENSERG FORTERIAL HORE CTIMILE DATSEP 14 1967 FOR	

ATUSI A TOUR PERSON OF THE PERSON OF THE PROPERTY OF THE PARTY With John Carollina Carollina Carollina A STATE OF THE STA We have the second and the second an STATE OF THE PARTY RORIAL 1913/67 Langer Signal Service A AND REAL PROPERTY OF THE PROPE



Control of the Contro Bross THE RESERVE OF THE PARTY OF THE The second of th establishment in 1991 to 1938 Edition to those of the local section in the section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

12617

	CERTIFICATE	OF DEATH		1201
1. PLACE OF DEATH				an: Residence befare admission)
a. COUNTY	MARYLAND	O. STATE	of Columbia	
b. CITY OR TOWN (If autside carparate limits.	C LENGTH OF STAY IN 16		e carparate limits, write RUR	
write RURAL and give nearest tawn)				ne and give nearest termy
Takona Park	1 day	washing	ston	1 DESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspi	ial, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington Hospital	+ Sanitarium	1414 Nichols	on Street	N.W. YES NO
. NAME OF First	Middle	Last 4.	. DATE Manth	Day Year
OFCEASED (Type or print) Thomas	A. (MXXX) G	riffin	DEATH Septer	nber 1 1967
SEX 6. COLOR OR RACE 7. MARR		Feb. 85.187		IF UNDER 1 YEAR IF UNDER 24 HRS.
make white willow	= = = = = = = = = = = = = = = = = = = =	XXXXXX	last birthday)	Months Days Haurs Min.
in to the minute	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
uring mast of working life, even if retired)	INDUSTRY			COUNTRY A
Hate Department employee		District of	Columbia	0:5.2
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	lkerin	
Thomas Graffin		NAWKX	WXX.	
. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	TTTTamo R. C	riffin A	SilverSpring
es, an orunknawn) (If yes give war or dotes of service)	578-36-2863A	redical cla	11405 Na	
18. CAUSE OF DEATH (Enter only one cause per line				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	of of an			ONSET AND DEATH
5020 IMMEDIATE CAUSE (a)	o ca ry			211
Canditions if any which agus >	100 2 11:12	branchitis	- 11 1	Syears
rise ta immediate cause (a),	muster-e	prenchity	T amprays	and '
stoting the underlying cause DUE TO			, ,	
lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CONTRACTOR OF STREET				YES NO
	D. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part	I ar Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	od. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
Hour o.m.	While Not While facto	ary, street, affice bldg., etc.)		()
	wark U at wark U	70.00	P	
21. I certify that (I) (this hospital) at	lended the deceased from	1952,19	to dept 1	, 1967, that (I) (we) los
saw the deceased alive an Jet	19 by, and that	death accurred at 2	M, fram causes of	
220. SIGNATURE Philip Dlos	igitima.	ATTENDING ME	D. STAFF	22b. DATE SIGNED
- fully out	M.D	DIR PHYS.	ECTOR L PHYS. L	Sept 1, 1967
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Philip Bloc	emsma	7701 Con	n. Ave. Che	evy Chase, Md.
BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Tow	vn) (County) (Stote)
1944 (1941) 9/4/67	Prospect Hi	17 Cometant	Wooht	D.C.
	nintet APARESS D. C. T	N W 2Sa. RECD B	REGISTRAP 256 RE	STRAR'S SIGNATURE
4. FUNERAL DIRECTOR Wash oseph Gawlers Sons	5130 Wildows	SEP	1 1961	maries judges
osebu ASMIGLOS SOUS	OTOU WISCOUST	n AV DAIL	- /	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any evect, within 72 hours at

VR A15 (4) 25M 1/67

ata dini yani aniwatawiik - a dini ba A amedali M BA Di anini daki AM , e no sa viente . evil . e The transfer of the state of th Joseph Carlonds long of Macana Inches

edicardina (1985) - Sunaformali elevitori di la companio della companio di la com The Shall in Sign bits exert in K. S. S. S. Bass Missing S. S. W. Houge The second of the Contract of the State of t MENT TOTAL COURT, A WHITE CO. TOTAL STREET OF MINISTER STREET The first terms of the second MANAGERIA . PARESEL TA PER STATE The Maria Control of the Maria THE R. MERSHAR, Y. MINDERSON, D. P. LEWIS DON'T BELL OF THE PARTY OF T

	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12619	
HEALTH DERT.	1. PLACE OF DEATH O_COUNTY D. COUNTY D. C	Imission)
33 × is	MARYLAND PARTITION AND AND AND AND AND AND AND AND AND AN	4/1/19
y delay is particular of PM3. Page artment of	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	wh)
Pa P P P	d. NAME OF HOSPITAL OR INSTITUTION (If not in pospitol, give street oddress) d. STREET ADDRESS Wisconsin Avenue (e. IS	RESIDENCE IN A FARM?
ferra farm farm farm	When to a new sing he we MARINITHE YES	
d within 24 haurs after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 Examiner's Office along with farm PM3. Pa File pages I and 2 with the State Department? haurs after death	3. NAME OF DECEASED (Type or print) Rose T. C. Van de Control Death OF DECEASED (Type or print)	Year
Give Ing v	S SEX 6 COLOR OR PACE 7 MARRIED NEVER MARRIED 18 DATE OF RIRTH 9 AGE (In veors of IF UNDER 1 YEAR 1 F	UNDER 24 HRS.
s afine alo		lours Min.
haurs of tem 18 Office a and 2 w	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR lil. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WI COUNTRY 2	TAH
24 h in Ite er's O jes Ta	13. FATHER'S MAME	4
ithin encil imine pag	B. HEBECCA Pielall	
d w in p in p I Exa File 72 hc	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SCURITY NO. 17. INFORMANT Address Address	1.0
executed within 24 nding" in pencil in Medical Examiner's permit. File pages within 72 haurs aft	(Yes, no o unknown) (If yes give wor or dotes of service) 215-54-1040 2015 And Company of the co	Les Civil
exection of the section of the secti		AL BETWEEN AND DEATH
shauld be e ne ward "per a the Chief I burial-transit	4222 IMMEDIATE CAUSE (o) DUE TO	win
e shaul the war ta the burial- in any	Conditions, if ony, which gove) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	us.
ate s the d ta a b d in	rise to immediate couse (o), stating the underlying couse DUE TO	
This certificate shauld be executed within 24 haurs after death. If a cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm be used as a burial-transit permit. File pages I and 2 with the State Del remayal, and in any event within 72 haurs after death	lost. (c) - °	AS AUTOPSY
: This certificate, writed be farwated by used ar remaval,	VES YES	AS AUTOPSY REORMED?
ER: This certificate, auld be fa es. hauld be u	PEF YES 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. 201. TIME OF INJURY Month, Doy, Year Hour o.m. 202. TIME OF INJURY Month, Doy, Year While Not While Not While Foctory, Street, office bldg., etc.)	
INER: 1 e certific shauld b files. 3 shauld irian, ar r	CAUSE OF DEATH.	16
X + 4 + 9 0	20c. TIME OF INJURY Month, Doy, Year While not work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(Stote)
MEDICAL EXA please execute I director. Page retained for you DIRECTOR: Page in to burial, crem		my apinian
ctor. Pred formed formal, burial,	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undefermined manner	
Measure directaire of the restaire of the rest		DATE SIGNED
UTY, prid, be r prid	EVACUALDIS JEHR S REGIONS TO DEPUTY MEDICAL EXAMINER	2-6-
O DEPUTY MEDICAL E necessary, please exect the funeral director. Pa 5 may be retained far O FUNERAL DIRECTOR: Health priar to burial, o	NAME (Type) 23c. BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
10 Te He	AMOVA (Specify) 9-11-1967 CHESEDENES CEM. CIEVELIND ON	40
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 250. RECID BY REGISTRAR 250. RECIDENTARY SIGNATURE	dyes
6M 1/67	GOUDBERG TUNEERY ITOME 4217 GOY ST.N.W. DATES EP IS 1901 J.	0

exogramment of the state of the 15 985 MAN what is a second of the second Notice of Postal Commence of the second second second THE WAR FIRST CHECKING WAS ENGLY CHEST OF THE Entered to the thirty of the the Street and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12611 CERTIFICATE OF DEATH 12620 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY -MARYLAND hours after b. CITY OR TOWN (If outside carporate limits, write RURAL and pive nearest rawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give rearest tawn OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, aft d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) = d. STREET ADDRESS within 72 ON A FARM? NAME OF Middle DATE Year and completely DECEASED OF DEATH (Type or print) eve SEX 9. AGE (In years lost birthday) MARRIED **NEVER MARRIED** Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during most procking lite, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY physician Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, S. Haight Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as (Yes, no, prunknown) (If yes give war or dotes of service) 577-07-9733A No Doris O. Haight 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave Coronary arteriosclerosis with thrombosis rise to immediate cause (a), DUF TO stating the underlying cause this certificate has been Generalized arteriosclerosis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) Bronchopneumonia, pyelonephritis, acute and chronic, Carcinoma U. Blad. YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 7-29 , 19 67, to 9-3-, 19 67, that (I) (we) lost saw the deceased alive on 9-3- 19 67, and that death accurred at 2:10 PM, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF 0-4-67 M.D. DIRECTOR .0410 Old Georgetown Rd. 22d. ADDRESS PHYSICIAN'S BARR NAME (Type) Bethesda, Mary Land RONALD directar, shauld be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) Buriagity) 9-6-67 Parklawn Cemetery Rockville Maryland
EGISTRAR 25b. REGISTRAR'S SIGNATURE 0 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Muncha PUMPHREY, Bethesda, Maryland DATE SEP

DESERT HERE TO TRUETED distall . L least The second control of the second seco THE COURSE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12621 CERTIFICATE OF DEATH PLACE OF DEATH COUNTY Montgomery OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. STWash. D.C. MARYLAND the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Silver Spring Mos. Wash. D.C. filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS hin 72 l 2500 Q St. N.W. Althea Woodland Nursing Home 3. NAME OF DATE Middle Month Doy Year carban campletely DECEASED Sara S. Hamner SEPT 1967 event (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Hours Female White 11-4-1886 WIDOWED DIVORCED rem and in an and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) UCOUNTRYA physician (during most of working the even if retired) INDUSTRY Mississippi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava Thrower Thomas A. Sale 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 2500 Q St. N.W. No Longstreet crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN this certificate has been signed by the detached far use as the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (d) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse , page 3 shauld be detached far use as the be filed with the State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour 'a.m. Not While factory, street, office bldg., etc.) of work **DIRECTOR:** After 19 60, to 21. I certify that (1) (this haspital) attended the deceased fram. 196 (that (1)) (we) last 19 6 7, and that deoth accurred at 2:5541 from causes and on the date stated above sow the deceased glive on 22 of SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN'S FUNERAL NAME (Type) directar, shauld be 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BWOYAL (Specify) Miss. 9 9-22-1967 Old Odd Fellows Aberdeen 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) Jos. Gawler8s Sons 5130 Wisc. Ave. N.W. DATE 25M 1/67

18887 5 5 5 5 5 Campy 2-101 5.90, 3576 . The state of the THE MENT IN THE PARTY OF ned ten landimurt treated and elge a number THE PERSON OF TH Control of the second s Company of the State of the Sta THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12622 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death ond death the funeral ages I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY vithin 72 haurs after MARYIAND 2.0 CITY OR TOWN (Il outside corporate limit write RURAL and give nearest town) Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Silver 5 .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES NO pau NAME OF 4. DATE Month Doy Year etely DECEASED OF DEATH annan (Type or print) Sept 19 67 cicia a SEX 9. AGE (In years JE LINDER 1 YEAR IF LINDER 74 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** ermove eve birthday) Months Doys Hours ond in any DIVORCED Mac. 17. 1902 Cauci By 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physicion c COUNTRY? INDUSTRY 4.5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. ottending phys permit. Then p THEGH WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dates of service cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit PASET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse d for use as the of Health prior to hos been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? lone NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work at work 21. I certify that (I) (this hospital) attended the deceased fram saw the deteased alive an and that death accurred a M, fram/causes and an the date stated abave 22o. SIGNATURE 22b DATE **ATTENDING** director, poge 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS Page 4 may b 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

AND REAL PROPERTY OF THE PARTY OF THE PARTY

22623 more than the second of the second second to design the same of A TO STANK STORY COMMA THE RESERVE OF THE PROPERTY OF THE PARTY OF MINE TO THE PARTY OF THE PARTY and the section of the section of the BARROW BOOK TO HOUSE BEEN STORE TO THE STORE OF THE STORE ST 1212 BELLINE P. S. Carley Son after the Carley College Son Charles of a transfer of the same of the s 1 HARY W. C. FRED TO SOLD CONTROLL S. S. M. .. THE THE STATE OF THE PARTY OF T Deline Westers In Many In Mary the state of the state of the

1	1	MARY	LAND STATE DEPA	RTMENT OF HEALTH	AND 21201	
90	/	12615 Item #7 Film #G392	CERTIFICATE	OF DEATH	1263	24
Y		PLACE OF DEATH 1. COUNTY MINT CONNECTED	/ MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE		
		write RURAL and give negres (wn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate	limits, write RURAL and give	15-1
10		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s		6820-Thg	nguin He	e. IS RESIDENCE ON A FARM? YES NO
1		NAME OF FIRST PROCESSED Type or print)	Hallef Man	A DATE OF SEATH	Month GE (In years IF UNDER)	Day Year 194 194 YEAR IF UNDER 24 HRS
	L	Emilo white (WIDOWED IX	NEVER MARRIED 8. DIVORCED 8. F BUSINESS OR	2/12/94/	ost birthdoy) Months Yrs.	Days Haurs Min.
1		USUAL OCCUPATION (Give kind of work done no industrial) 10b. KIND O INDUST		11. BIRTHPLACE (County & State, or foreig		IZEN OF WHAT JINTRY? Z.Z.Z.Z.
	·	Bobert Holley?	AL SECURITY NO. 17. IN	14. MUITER MAIDEN NAME	Rewton	
	(Y)	s, na, ar unknown) (If yes give wor ar dotes of service)	77	15. Tatrice	a holoo	1 Asaha
			, , , , ,	on, multiple, bila	teral	INTERVAL BETWEEN ONSET AND DEATH 2. W. C. C.
		nse ta immediate cause (o), (Dur To	thrembesis			2 weeks
			oscleptic hea			Zyears
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				19. WAS AUTOPSY PERFORMED? YES RE NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		nter nature af injury in Port I ar Port II		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. P.m. 19 20d. INJURY While of work		OF INJURY (Hame, form, ry, street, affice bldg., etc.)	City ar tawn) (Caul	nty) (State)
		saw the deceased alive an Safet	the deceased fram		ram causes and an th	
ħ		220. SIGNATURE BOWN US	eller M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. DAT	7/15/67
1		22c. PHYSICIAN'S MARE (Type) MARVIN WAT	TLER, M.D.	22d. ADDRESS & Wis	c. Av. Bes	The Mode
2		BEMOVAL (Specify) 9/18/1967 6	Sc. NAME OF CEMETERY OR CO	MANEN SILVEN	2 SPRING - Mo	(Caunty) (Stale)
B	24	FUNERAL DIRECTOR	ADDRESS	DANSEP 19 19	67 25b. PEGISTRAR'S	GNATURE

and the state of t 14111

AI)	1261	6		CERTIFICAT	E OF	DEATH			126	25	/
		LACE OF DEATH	ntgomery		MARYLAND	2. USUA a. ST/	RESIDENCE (Whate Virgi	ere decease nia	d lived, if institu b. COI	utian: Residence UNTY	befare adm	issian) 🗸
		Wide the si	(If autside carparate limit Bive (opticitien))		c. LENGTH OF STAY IN 16		OR TOWN (If outsi	gton	e limits, write R	URAL and give n	earest tawn	33
	d	Naval	TAL OR INSTITUTION (If n Hospital	at in haspital, g	rive street address)	d. STREE	T ADDRESS Sou 016/Buch	anan	Street			ESIDENCE A FARM? NO
3.	100	IAME OF DECEASED Type or print)		^{irst}	Middle C	HART	De Date	4. DATE OF DEATH		tember 2		Year 67
		ele	6. COLOR OR RACE Cauc	7. MARRIED WIDOWED	□ NEVER MARRIED ♣		. 27, 19	,01	AGE (In years last birthday) — yrs.		pys Hau	
	10a. durir	USUAL OCCUPATION	N (Give kind af wark dane g life, even if retired)	10b. KI IN	ND OF BUSINESS OR DUSTRY N/A		HPLACE (County & S wantico,			12. CITIZI COUN	N OF WHATRY?	USA
		FATHER'S NAME Patrick	T. Hart				HER'S MAIDEN NA Frances	Rams	1050			
	IS. (Yes	WAS DECEASED EVI s, po, arunknown)	ER IN U.S. ARMED FORCES? ((If yes give war ar dates	af service) 16.		INFORMAN	T Buche trick T.			3016 Sc		, Va.
			OEATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE	/./	ta), (b), and (c) Perpus	Tore	Drust	1			INTERVAL ONSET AN	BETWEEN ID DEATH
				101 1 -60	reces y	1						
		771.0	DUE	10	ulminas &	Iman	nge					
			DUE y, which gave te cause (a),	(4)	Culmonar S Bilatinal	Sol.	nge	Hem	unas	2.		
200		Canditians, if any rise to immedia stating the underlast.	Y, which gave te cause (a), erlying cause	(b) (b) (c) (c)	Bilotinal TO DEATH BUT NOT RELATED TO	DOC THE TERMIN	and property of the property o	40,00	Δ	2.	19. WAS PERFO	
	CERTIFICATION	Canditians, if any rise ta immedia stating the underlast. PART II. OTHER S 20a. ACCIDENT WA	y, which gave te cause (a), erlying cause GIGNIFICANT CONDITIONS GIG	E TO (b) E TO (c) CONTRIBUTING 1	Pulmonag & Bilation			ITION GIVE	N IN PART 1(a)	2.		
3		Canditians, if any rise ta immedia stating the underlast. PART II. OTHER S 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Haur a.	y, which gave te cause (a), PUE SIGNIFICANT CONDITIONS (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) DUE AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	(c)	CO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED NOT WHILE 20e. F	D. (Enter nate		ITION GIVE	N IN PART 1(a)	(Caunt	YES _	
3	CERTIFICATION	Canditians, if any rise to immedia stating the underlast. PART II. OTHER S 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Haur a. P. 21 Leert	y, which gave te cause (a), erlying cause SIGNIFICANT CONDITIONS (CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Day, Year	E TO (b) E TO (c) CONTRIBUTING TO 20b. DE 20d. lie While at work	CO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED VURY OCCURRED A ON THE OCCURRED	D. (Enter nate	RY (Hame, farm, affice bldg., etc.)	ITION GIVEN	II of item 18.) (City or town)	(Caunt	y) 7, that (I date sta	(State)
3	CERTIFICATION	Canditians, if any rise ta immedia stating the under last. PART II. OTHER S 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJ Hour a. P. 21. I cert saw the c 22a. SIGNATURE	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Day, Year	E TO (b) E TO (c) CONTRIBUTING TO 20b. DE 20d. lie While at work	SCRIBE HOW INJURY OCCURRED NOT While at work ded the deceased fram. 28_1967_, and the	D. (Enter national D. (Enter nat	RY (Hame, farm, affice bldg., etc.) 27 , 19 accurred and	1710N GIVEN	Il of item 18.) (City or town) Sept., fram cause:	(Caunt 28 , 19 6' s and an the 22b. DAT	YES	(State) (State) (We) last ted above 967
3	CERTIFICATION	Canditians, if any rise to immedia stating the underlast. PART II. OTHER S 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIE) 10c. TIME OF INJ Hour a. p. 21. I cert saw the company to the company	AS UNDERLYING AS	E TO (b) E TO (c) CONTRIBUTING TO 20b. DE 20d. lie While at work	SCRIBE HOW INJURY OCCURRED Not While at work ded the deceased fram.	D. (Enter nate LACE OF INJU actory, street, actory, street, actory at death ATTEL M.D. ATTEL 22d	RY (Hame, farm, affice bldg., etc.) 27 , 19 accurred and bldg. bldg. ADDRESS Naval Ho	1710N GIVEN 17 1 ar Part 20f. 20f. 67, to	Il of item 18.) (City or town) Sept., fram cause: STAFF PHYS.	(Caunt 28, 196; s and an the 22b. DATI 28 hesda, 1	7, that (I date storing September 1)	(State) (State) (We) last ted above 967
3	MEDICAL CERTIFICATION	Canditians, if any rise to immedia stating the underlast. PART II. OTHER S 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a. p. 21. I cert saw the c 22a. SIGNATURE	AS UNDERLYING GGCAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Day, Year m. 19 ify that (x) (this hadeceased glive on 19 IOEB JON, 23b, DATE TH	E TO (b) E TO (c) 20b. DE 20d. lil While at ward spital) atten	SCRIBE HOW INJURY OCCURRED NOT While at work ded the deceased fram. 28_1967_, and the	D. (Enter nate LACE OF INJL actary, street, Sept. nat death ATTEL PHYS 22d	RY (Hame, farm, affice bldg., etc.) 27 , 19 accurred and Modern Market Market Ho	ITION GIVEN IT I ar Port 20f. 20f. 67, to 230P M NECTOR 23d. LOG	Il of item 18.) (City or town) Sept., fram cause: STAFF PHYS.	(Caunt 28, 196; s and an the 22b. DATI 28 hesda, 1	y) 7, that (I date stores signed I September 19 Septembe	(State) (State) (We) last ted above 967

·			1188
	binings Virginia		узовиденой
	uodani.i uA	van 1	(100/1) sharpel -
dayes			Jageon Cych
5 Carlos de Servicios	THAN		
	Sept. 28, 2164		atio
120	Lovey continues	4/4	7 (100)
W. Notherland	Propert Aussian Decomposition United		from A press
	LUPA PACE SOLICE. BARB.		ALL STREET
			ne sample of
TELL STATE OF THE		1911-28	N. MIT A SET
. at the .	Enyel Hospies	.0.1	
HILDEY MANY	10.00	or Charles I	
		ACTUAL STORY	

MARYLAND STATE DEPARTMENT OF HEALTH 12617 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12626 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) popers. Pag. hin 72 hours o DAYS SILVER 5PRING COTTAGEVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM: Box P. D. HOSPITAL YES NO CROSS NAME OF completely f Middle 4. DATE First Manth Day Year DECEASED HARVEY SEPT. RUFUS 18 (Type or print) DEATH 1967 IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED lost birthday) NOV. 12, 1901 WHITE WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? Retired Mechanic Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Unknow 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 2923 UNIVERSITY (Yes, no, pr unknown) (If yes give war ar dates of service MRS. ARIENE RESISTER 249-03-7448 KENSING 7 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospitol or attending physician. DUF TO Conditions, if any, which gave Athornsoleros, rise ta immediate cause (a), DUF TO stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Hour 'a.m. foctory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased from AUG. (, 1967, to SEPT. 18, 1967, that (1) (we) lost sow the deceased alive on SEPT. 18 1967, and that death occurred at 300 M, from causes and on the date stated above. 22a. SIGNATURE-22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHY SHETAN'S KOBERTSMID. 8907 GEORGIA AVE. SILVER SPRING, MD NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) 1967 Riverview Memorial Park Worth Charleston, S. C. ADDRESS Georgia Avenue 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE SEP

Thomas Gerry Bond. II, 1807 Kinnerige Vennice Inch Hoste Carennies, D.

and profit of the state of 7123-1 AM GE Aut in the little publication A DESCRIPTION OF THE PARTY OF T Mr. word and to see the see the market of . M period and the way of the contract of the The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12628 CERTIFICATE OF DEATH 12613 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. Montgomery o. STATE Maryland b. COUNTY pletely filled in by the fune corban papers. Pages 1 a vent, within 72 haurs after d MARYLAND Montgomery b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest tawn) 1 hr.42 min. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Montgomery General Hospital NO X NAME OF Middle Year completely DECEASED OF DEATH Baby Boy Hawkins 9/17/67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED 5 lost birthdoy) Months 9/17/67 White and in any WIDOWED DIVORCED and 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician overmit. Then please INDUSTRY COUNTRY? Montgomery, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Leroy B. Hawkins Linda L. Whetzel 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor ar dates of service Leroy B. Hawkins. Item 2 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 hour IMMEDIATE CAUSE (o) DUE TO burial. Canditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse be retained by the haspital or attending as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour 'o.m foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram_ 1967 to 9-17, 1967, that (1) (we) last 9-17 19 67, and that death accurred of 10:45 AM, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE **ATTENDING** directar, page 3 >shauld be filed v M.D. DIRECTOR Page 4 may b 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) L. S. Batman, M.D. Damascus, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Dept.19,1967 Damascus Meth. Damascus, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Olin L. Molesworth, Damascusl Md. 25M 1/67

271291

Landing I come to a chin palcale and a calculation of the state of th THE WATER THE PROPERTY OF STATES Chatter to the transfer of the and the state of to foll of abrill Election, sales of Tolella FILL ADDRESSED S. H. Harris and C. C. L. The state of the s The transfer of the second second

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year While Nat While of wark factory, street, affice bldg., etc.) 21. Lectify that (I) (this haspital) attended the deceased from 1/2 (1/2) 19 to 91/2 (1/2) 19 that (I) (we) la	3	14040	CERTIFICATE	OF DEATH		12023
b. CITY OR TOWN If outside capporter limits, write RURAL and give nearest town) CITY OR TOWN If outside capporter limits, write RURAL and give nearest town)	a.	MONTGOMERY CO.		O. STATE MARYLA	b. COUNTY	MONT
NAME OF PART LOST NOTE		Write RURAL and give nearest town)	16days	KENSINGTO		15 1
SECASED IVER NULLS ARMED FORKES? (Yes, no., or unknown) (It yes give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (C) (c), (c), and (c). 18. CAUSE OF DEATH (C) (c), (c), and (c). 18. CAUSE OF DEATH (C) (c), (c), and (c	RA	NOOLPH HILLS NURSING HO		d. STREET ADDRESS HO7 PLYE	RS MILL Rd.	e. IS RESIDENCE ON A FARM? YES NO
MALE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED STATEMBRS Non-Reserved Divorced Divorc	DE (T)	(CEASED BENJAMIN	C. A	AWKINS 8	FATH Sept	. 16, 1967
INDUSTRY MARY LAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. Address 14. MOTHER'S MAIDEN NAME 17. Address 15. WAS DECASED BYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19. WAS AUTOPSY (b) 19. CAUCULA	1	HALE C WIDOWE	D DIVORCED	9-13-1880	last birthday) M	onths Doys Haurs Min.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. WAS DITCH (and the couse (a), stating the underlying cause lost. (c) 19. WAS DITCH (and the couse (a), stating the underlying cause lost. (c) 19. WAS AUTOPSY PERFORMED? YES NO (c) 19. WAS AUTOPSY PERFORME	during	mas af warking life, even if refired to the LAborer (Ketirea)		MARYLAND	, or fareign country)	COLINTRY 2
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19. WAS AUTOPSY 15. O		JAMES HAWKING		LIZA		
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. DEATH WAS CAUSE OF SUBJECT OF USE OF CONTRIBUTIONS (b) CONDITION OF CONTRIBUTIONS CONTRIBUTI	(Yes,	no, or unknown) (If yes give wor or dotes of service)	219-12-47664	NFORMANI	Address	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 at work at wark factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 1 p.m. 22a. SIGNATURE 22a. SIGNATURE M.D. PHYS. 22d. ADDRESS.	C	PART I. DEATH WAS CAUSED BY: 156	for (o), (b), ond (c).)	y edem	7	INTREVAL BETWEEN ONSET AND DEATH 4 VIII
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED at work 20d. INJURY OCCURRED at work 20d. INJURY (Home, form, factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 1 1		, (4	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	I GIVEN IN PART I(a)	PERFORMED?
21. I certify that (I) (this haspital) attended the deceased from 1 1 67 , 19 , to 916 7 , 19 , that (I) (we) lass saw the deceased alive an 915 1967, and that death acturred at 1 M, from causes and an the date stated abave 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 22c. PHYSICAN'S		R CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Part I	ar Part II of item 18.}	
saw the deceased alive an 9115 1967, and that death accurred at 1 PM, from causes and an the date stated above 22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. STAFF 9116 67 PHYS. 124 ADDRESS 124 ADDRESS 124 ADDRESS 125 ADD	MEDICA	Hour a.m. Wh	ile Nat While factor	rγ, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
Paloccle James M.D. ATTENDING DIRECTOR		saw the deceased alive an 9115	ended the deceased fram 1967, and that	death acturred at 1	M, from causes and	an the date stated abave
		Palouck ()	Luceon M.D	PHYS. LL DIRECT	STAFF C	9/16/67
	0	MAOVAL (Specify) AL 9/20/67	Ash Mem	OYIA!	17104901	
PRANYAI (Spaciful)	74	STATE OF THE STATE	A 4 0 1			inde Judge

paggr All I Thomas A A D D I WANTED THE 1 57 6 6 7 7 6 - Pulmonany Edema 30.0.75 Canonica limi Gruss H 701018 9, FUITH FO SIR Polant o prince of the 162 1171 Bleson Ja School James Holl

12621 Pages 1 and 2 '2 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any evefit, within 72 haurs after the state Dept. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12630

PLACE OF DEATH O. COUNTY			o. STATE	(Where deceosed lived, if institut b. COUI	NTY .
1 6174	Montgomery	MARYLAN		land	Prince George
b. CITY OR TOWN	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	outside corporote limits, write RUI	RAL ond give neorest town)
Will ROUTE SI	Silver Spring	12 days	Hyat	tsville	16-7
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Holy Cross Hospi	tal	5502	40th Avenue	YES NO X
3. NAME OF DECEASED (Type or print)	First Kyle	Middle G	lost Hawthorne	4. DATE Mont	
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOWED	DIVORCED [8/3/04	63 birthdoy)	Months Doys Hours Min.
10o. USUAL OCCUPATIO during most of working Mana	N (Give kind of work done life, even if retired) Town	IND OF BUSINESS OR NDUSTRY A &Casual Sh	11.BIRTHPLACE (Count	y & Stote, or foreign country) 3	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Noa	h B Hawthorne		Nettie	e Grant	
		SOCIAL SECURITY NO.	17. INFORMANT	Addre	ess
no, or unknown)	(If yes give wor or dotes of service)	215 07 2098	Marguertie	awthorne Hya	ttsville, Md.
578 X Conditions, if ony rise to immedio stoting the under lost.	y, which gove te couse (o), erlying couse (C) (c) PE	RITONIT RITONIT	IS, GENE	RALIZED U INTESTI	NE 12 DAYS
PART II. OTHER S	ETES MEUIT	- 100110	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING			RRED. (Enter noture of injury in	Port I or Port II of item IB.)	
Hour o.		Not While	e. PLACE OF INJURY (Home, for foctory, street, office bldg., et		(County) (State)
sow the d	ify that (I) (this haspital) atten leceosed alive an			1967, to 9-18	and an the date stated above
220. SIQUATURE	now the	Jen J	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED 9/19/67
22c. PHYSICIAN'S NAME (Type	Leonard Deitz, M	(.D.)		ing Street, Sil	ver Spring, Md.
23o. BURIAL, CREMATI REMOVAL (Specif		23c. NAME OF CEMETER	Y OR CREMATORY Cemetery	23d. LOCATION (City or To Suitland Pro	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTO	. реро 22, 1307	ADDRESS			GISTRAR'S SIGNATURE
	Gasch's Sons Hy		1.3	SEP 2 1 1967	
L .	drach a polis lly	accentite?	DATE	JEF 4 1 130/	Cliante Judge

Impu a shekara a samula sa ka dan

and date of the part of the same of the sa

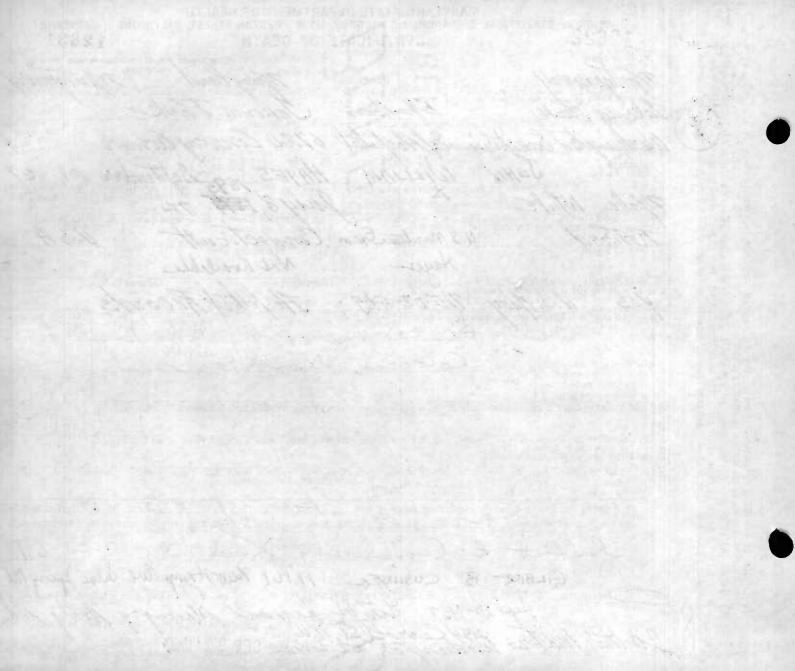
THE TENTE GENERALED

AND BY INTERIOR WAY CONTACT SESSION

Section 1. Section 1. Section 1. The division occurs, Sixted Section 1. Secti

the tenth of the t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12631 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY STAT b. COUNTY b. CITY or TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR POWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X completely ye carbon gevent, within YES executed within bon 3. NAME OF DATE Month Day Year DECEASED (Type of print) DEATH 196 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR OF UNDER 24 HRS NEVER MARRIED last birthday) emo Months Days Hours WIDOWED DIVORCED nding physician a Then please re removal, and in = 18a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY BART HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) Maritime FATHER'S NAME MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permit. The or to burial, cremation, or remo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMAN Address (Yes, ng, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE DUE TO Cenditions, If any, which gava risa to Immediate DUE TO cause (a), stating as th underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health certificate CERTIFICAT NO 20a. ACCIDENT WAS UNDERLYING thed f 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this ce be detached State Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) Hour a.m. factory, street, offica bldg., etc.) After Whila Not While 19 at work p.m. at work should ith the S FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19.5 % to saw the deceased alive on and that death occurred at DisAM, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED ATTENDING M.D. PHYS DIRECTOR PHYS PHYSICIAN'S 22c. ADDRESS director, p 22d. NAME (Type) CUSHNER BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY COCATION (City fown or county) (State 23d. 2 REMOVAL (Specify) **FUNERAL DIRECTOR** REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 20M



1	PLACE OF DEA	7711						F DEAT		Lance 1	112 1 2		263	
1	e. COUNTY	IVI (ontgome		Iv	/ARYLAND		o. STATE M	arylar	nd dece	b. COUN	ITY MO	ntg,	etore admiss
	b. CITY OR TOWN	N (if outside	corporata limits	,	e. LENGTH C	PS STAY IN 1	ь	Gait.	vn (If outsidersb)		eta (Imils, write	RURAL end	give neer	st town)
1	d. NAME OF HO	SPITAL OR IN	IR C	not in hos	oital, give stree	et eddress)		d. STREET ADDR	ess ark Av	7e			Y	ON A FAR
3	NAME OF DECEASED (Type or print)		First Bessie		Eliza	abeth		Lest Heim	0	ATE F EATH	Month Sept		Dey	Yeer 19 67
	. sex Female		White	7. MARRIEI		AARRIED A		il 6th	1884		AGE (In yeers lest birthday) yrs.	-		UNDER 24 H
0	le. USUAL OCCUP lone during most of HOME WO	working life,	kind of work even if retired	10ъ. Кі	ND OF BUSINE		STRY 11.	Gaith	county & St lersbu			12. CITIZ		HAT COUN
		Edward						Malin		emp	m)			
15	5. WAS DECEASED (as, no, or unkown)	(lfyesgivey	wer or dates of se	rvice)					. Bri	ggs.	Gaith	k Ave ersbur	g. M	d.
	PART I. DE	ATH WAS C	AUSED BY: TE CAUSE (a)	10	AT	- 10		1 0	-	1			CHIE	AND DEATH
	Conditions, if a geve rise to imm (a), steting the ceuse lest.	iny, which adieta cause underlying	DUE TO (b)_ DUE TO (c)_	13		ha-f	pn	ensh	mes	4			3	day
CERTIFICATION	geve rise to imm (a), steting the couse lest.	ny, which adieta cause underlying HER SIGNIFIC	DUE TO (b) DUE TO (c) CANT CONDITI	16.3	TRIBUTING TO	DEATH BUT	Bn NOT RELA	ATED TO THE TE				EN IN PART 1	3 (a) 19. V	Joy NAS AUTOP PERFORMED NO
MEDICAL CERTIFICATION	geve rise to imm (a), steting the ceuse lest. PART II. OT. 20e. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT	was underlying Was underlying Was underlying Was underlying Was underlying	DUE TO (b) DUE TO (c) CANT CONDITI	20b. DES	TRIBUTING TO CRIBE HOW IN NJURY OCCUI	D DEATH BUT	NOT RELA	ared to the te	ury in Part I		of item 1B.)	EN IN PART 1	YES	PERFORMED
1 -	geve rise to imm (a), stetting the ceuse lest. PART II. OT: 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT: 20c. TIME OF IN Hour e.n	WAS UNDER SIGNIFIC CONTROL CON	DUE TO (b) DUE TO (c) EANT CONDITI RLYING E OF DEATH L EXAMINER) onth, Day, Yeer (this hospite	20b. DES	TRIBUTING TO CRIBE HOW IN NJURY OCCUI Not While at work ded the dec	D DEATH BUT NJURY OCCU RRED 200. F	NOT RELA	ATED TO THE TE	, farm, 20, etc.)	or Part II	of item 18.)	(Count	YES	PERFORMED NO (Stelle)
1 -	geve rise to imm (a), steting the ceuse lest. PART II. OT. 20e. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT 20c. TIME OF IN Hour e.n p.r 21. I certify saw the dece 22e. SIGNATUR	MAS UNDER SIGNIFIC WAS UNDER SIGNIFIC CAUSE FY MEDICAL SIGNIFIC CAUSE SI	DUE TO (b) DUE TO (c) EANT CONDITI RLYING E OF DEATH L EXAMINER) onth, Day, Yeer (this hospite	20b. DES	TRIBUTING TO CRIBE HOW IN NJURY OCCUI Not While at work ded the dec	D DEATH BUT NJURY OCCU RRED 200. F	NOT RELACE OF factory, strength death	ATED TO THE TE	, farm, 20, etc.)	or Part II	of item 18.)	(Count	YES	PERFORMED NO (Stelle)
1 -	geve rise to imm (a), steting the ceuse lest. PART II. OT. 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT 20c. TIME OF IN Hour e.n p.r 21. certify saw the deco	WAS UNDENDEDICAL MANAGEMENT AND THE TOTAL MANA	DUE TO (b) DUE TO (c) EANT CONDITI RLYING E OF DEATH L EXAMINER) onth, Day, Yeer (this hospite	20b. DES	TRIBUTING TO CRIBE HOW IN NJURY OCCUI Not While at work ded the dec	D DEATH BUT NJURY OCCU RRED 200. F	NOT RELACE OF factory, strength death	ATED TO THE TE	, farm, 20 , etc.] , 19 L.;	or Part II	of item 18.) r town) the causes STAFF	(Count	YES	(State) (State) (State)
MEDICAL	geve rise to imm (a), stetting the ceuse lest. PART II. OT. 20e. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT.) 20c. TIME OF IN Hour e.n p.r 21. I certify saw the dece 22a. SIGNATUR 22c. PHYSICIAN	MAS UNDER SIGNIFICATION, 238	DUE TO (b) DUE TO (c) CANT CONDITI RLYING DE OF DEATH E CAMINER) onth, Dey, Yeer 19 (this hospita e on	20b. DES 20d. I While at world at world at world at the control of the control o	TRIBUTING TO CRIBE HOW IN NJURY OCCUI Not While at work ded the dec	D DEATH BUT NJURY OCCU RRED 200. F	NOT RELACE OF Lactory, strated death	ATED TO THE TE	, farm, 20 , farm, 196., etc.) MED. DIRECTO	f. (City of from 1)	of item 18.) r town) the causes STAFF	(County)	YES	(State) (State) (State)

MARYLAND STATE DEPARTMENT OF HEALTH

40051 . The second of the second

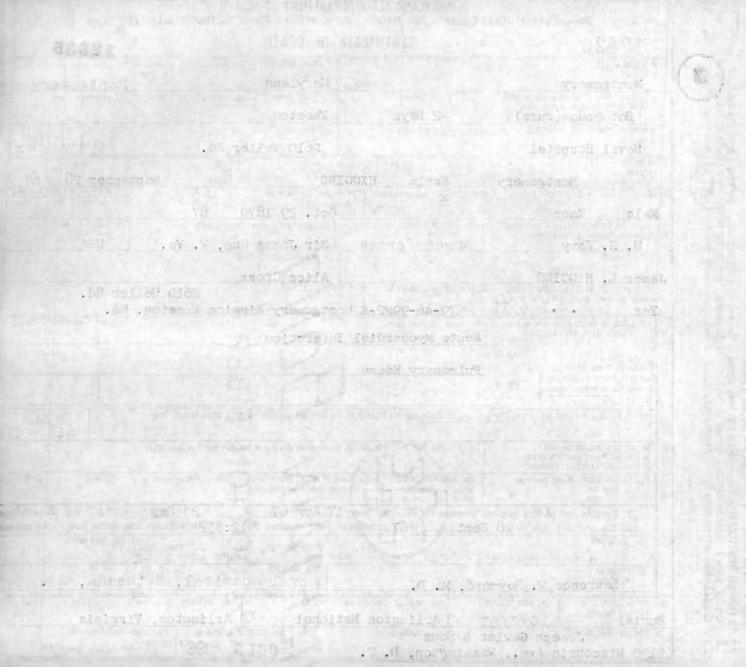
Egas: ASHDE deer he may conden carlow Vrom - Received Dest he rellife I to forterene Westerner of the water of the the contract of the same and th

	- ba		
	a si	2 1056	ຣ ົ ຖວ ປ່ວ
0.5	olf of	destruct, dans	Listino fava
18 4 6		.nc MALEON Jr.	Dira
68 80	15 AUG 1967	S.	are Jen:
AU	Centy Icjame, 1.C.	5.1	5
	Figure Anth	T)	Devid Tae Faltu
nt.cr.Jr.ve		9:	3 9r.
	eassaid tr	sol lating nob	
	101100	Tetnalog of	
		910,1	
		2	
	s.i.		Ŋ _v
Telle (Ö telle)	To Sens	7. J. J. J. J.	
19 72.0 1		· · · · · · · · · · · · · · · · · · ·	AU Lit
פט פנים, אל.	.avel icepital,	atilion (1, A alia	ulo .iiļ.
a, Iseiana		Perlian Co Decrell - Permido ' Historia , Indian	Ariol. R in orrey (Jor

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12626 The law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages Tand PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Maryland b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town)

Bethesda (rural) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Wheaton 42 Days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2610 Weller Rd. Naval Hospital YES NO K 3. NAME OF First Middle Lost 4. DATE Day Year carbo DECEASED September 28 HIGGINS (Type or print) Montgomery Earle DEATH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Se last birthday) Months Doys WIDOWED DIVORCED Oct. 29 1879 and in any Cauc Male rem 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U. S. Navy Sir Johns Run, W. Va.

14. MOTHER'S MAIDEN NAME Forces USA Armed James L. HIGGINS Alice Cross 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 2610 Wetter Rd. (Yes, no, or unknown) (If yes give war ar dates af service) 579-46-9922-A Montgomery Higgins Wheaton, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) . Acute Myocardial Infarction signed by Canditions, if any, which gave (b) Pulmonary Edema rise to immediate couse (a), stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark be retained by to 28 Sep 21. I certify that (K (this hospital) attended the deceased fram 17 Aug 67, 19. , 19 67, that (X (we) last 1967, and that death occurred at 12:5% from causes and on the date stated above. saw the deceased alive on 28 Sent. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S Hospital, Bethesda, Md. NAME Welence W. Raymond, M. D. Naval 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Arlington National Arlington, Virginia 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph Gawler & Sons ADDRESS VR A15 (4) 20 M 1/66 5130 Wisconsin Ave., Washington, D. C.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12627 CERTIFICATE OF DEATH 12636 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Silver Spring 6 weeks filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 11200 Lockwood Dr., Apt. 608 ent within University Nursing Home YES NO 3. NAME OF 4. DATE Middle Last Year and campletely DECEASED Lorna Mae Hill 9 16 (Type or print) 19 67 DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove, last birthday) Haurs Female Aug. 16. any Caus. WIDOWED X DIVORCED 1891 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Housewife Own home Rearaboo, Wisconsin 14. MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME unknown John Young Address Lackwood Drive 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service 11200 213-12-1614 Mr. Lawrence crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate P 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) at wark ot work 21. I certify that (1) (this hospital) attended the deceased from Chia 19.62, to 9 19 67 that (1) (we) last and that death accurred at 6 1400 M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DAJE SIGNED ATTENDING STAFF PHYS. DIRECTOR director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23a. BURIAL CREMATION (County) (Stote) BEMOVAL (Specify) Parklawn Cemetery Rockville Maryland 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

88881					
	Lor Loss and Ch				
	er Alka baseread				
				Control of the contro	
			the Little		
	r. in it is			1000	
				100	
		o to Nation			
	With and A				
	National Section		12012	, , , , , , , , , , , , , , , , , , , ,	
	Managa P.			†	
		. DAN (L.b.) 90 00		A Manual Comment	135536

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12637 12628 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY L MARYLAND requires that the death certificate be executed within 24 hours after CITY OR TOWN (Woutside corporate light write RURAL and give neorest town) c. LENGTH OF STAY IN 1b TDWN (If outside corporate limits, write RURAL and give newest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled NO E NAME OF Middle 4. DATE Doy Year campletely DECEASED 19 COL (Type or print) DEATH 60 7 ond in any even S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years remove last/birthdoy) Months Dovs Hours WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done during most at working life, even if retired) 10b. KIND DF BUSINESS OR Stote, or foreign country) 12. CITIZEN OF WHAT IPTHPLACE (County & physician (ease INDUSTRY COUNTRY uwary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMAN 16. SOCIAL SECURITY ND Jennie Hitt. Wife Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Health priar to has been the last. ds 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME DF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) 19 62 to 21. I certify that ((1) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the 29-24 1967, and that death accurred at 745 PM, fram causes and an the date stated above. saw the deceased alive an **ATTENDING** STAFF PHYS. DIRECTOR M.D. 22d. ADDRES NAME (Type) 23c. NAME OF CEMETERY OR TREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (Stote) (County) REMOVAL (Specify) Sept 28. 1967 Magnelia Cemetery Augusta Georgia 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

HYATTSVILLE, MARYLAND

GASCH'S

12837 Chimedewin Kort D. Farre the fact of the same The transfer of the second of The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12630 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY MARYLAND (If outside corporote limits, haurs of c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)

5/LUER SPRING AURORA d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) popers. d. STREET ADDRESS e. IS RESIDENCI ON A FARM? FAIRLAND NURSING HOME YES NO 3. NAME OF First Middle 4 DATE Month Year corbon Day DECEASED HOUCROFT SEPT 1967 (Type or print) DEATH S SFX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave lost birthday) Months Hours WIDOWED 🔀 8 and in any DIVORCED * Yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? -INDUSTRY / IND. ALTON; HISTORIAN essee 04 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM cremation, or removal, attending phys HOLLCROFT .TOHN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 111-26-8117A NURSING HOME ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ACUTE IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the haspital or attending physician. 4200 DHE TO burial, ESTIVE HOART FAILURE Canditions, if any, which gave rise to immediate cause (a). DHE TO stoting the underlying couse State Dept. af Health priar to the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While 196 >, that (I) (we) last M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR 22C PHYSICIAN'S 22d. NAME (Type) 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ulrear 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR liarles DATESEP VR A15 (4) 20 M 1/66

BURGEE SHAVER SPETAGE FRIRLARD SURFING FOME TEHNIE KICE HULLEGET SER 26 63-8-4 X X X HISTORIAN TOUGH N.S.198 JOHN TIPTON HOLLOWERT MANY BANKS PARK YES WIND I THE THE ME ALLEGE HERE A LUCKER PRONONE PROPERTY 0.59.55 COLOREST WE THE FRIENE 879.25 ARTERICOSCUENCIA HEART MARKE YRS FURERT HE GROLLEMA 1106 STRIKE SE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12629 12638 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATA MARYLAND b. CITY OR TOWN (If autside comparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest Yown e. IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO X 3. NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH NEVER MARRIED 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country), 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? USINPSS 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service) MODE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Broncho Pheumon IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Carcinoma rise ta immediate cause (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year (State) Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from SEPT 5, 1967, to SEPT 25, 196, that (1) (well las and that death accurred at 247 PM, from causes and on the date stated above. saw the deceased alive on 24 SEPT 1967 220 SIGNATUR 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Univers 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) Rock Creek Cemetery 25d. RECD BY REGISTRAR REMOVAL (Specify) 8434 ADBESTAIA Avenue umphrey.

TO FUNERAL DIRECTOR: After this TO HOSPITAL (Poge 4 moy b VR A15 (4) 25M 1/67

carbon papers. Pages 1 ht, within 72 hours ofter

carbon

un any

cremation, or removal, offending phys permit. Then F

burial,

.⊆

filled

puo

physician c

signed by the burial-transit

attending physicion.

be retoined by the hospitol or

certificote

The low requires that the deoth certificate be executed within 24 hours often

STATE TO MANUAL STATE STATE 32038 have the control of t Constitution of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12640

12631

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and compleyely filled director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon, should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, and in any event within

ors. Pages I and Phones I hours after dead.

CERTIFICATE OF DEATH

			CLIVIIII	CAIL	OI DEATH						
1. PLACE OF DEA	TH				2. USUAL RESIDENCE (Where deceas	ed lived, if institut	tion: Resider	nce before	admissi	on) /
o. COUNTY Montgomery Maryland				AND	Maryland b. COUNTY Howard						
b. CITY OR TOV	VN (If outside carparate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If a		ite limits, write RU			tawn)	
	L and give nearest tawn) Bethesda		32 days		Ellicot					13-	2
d. NAME OF HO	SPITAL OR INSTITUTION (IF I	at in haspital,	give street address) 20	2017	d. STREET ADDRESS	C OTCA				. IS RESI	DENCE
	nical Center				39 Main	Stree	† .			ON A F	ARM?
3. NAME OF		irst	Middle	1	Last	4. DATE	Mon	th	Day	Ye	
DECEASED (Type or print)	Te		Sue	F	Honeycutt	OF	Septemb		15		67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	IF UNDER	1 YEAR	IF UNDE	
Female	White	WIDOWED	DIVORCED		7 November	1963	last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind af work dans		IND OF BUSINESS OR		11. BIRTHPLACE (County				TIZEN OF	WHAT	_
during most of wor Child	king life, even if retired)	- 11	None None		Maryla	hand		CC	OUNTRY?	USA	
13. FATHER'S NAM	ME .		NOTIE		14. MOTHER'S MAIDEN					UUA	
	Herbert C	Soni	Frank			G1.	adys Hon	037011+	+		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. 1	NFORMANTThe Me				U	707	
(Yes, no, or unknow No	wn) (If yes give war or dotes	of service)	None		Clinical C				2 2227	5 nd	
	F DEATH (Enter anly one co	use per line for		11116	· Ollingal C	Jenrer,	• De oneso	ua, Ilia		RVAL BE	WFFN
	DEATH MAC CAUCED DW				with n	anfana	aion and		ONS	ET AND I	DEATH
100			Stinal obst		tion with p				10 11	ours	
Canditians if	any, which gave	E 10	h	,	Intra-abdo	minai	nemorrna	ge	1.0		
rise ta imme	diote cause (o),	(p) <u>rymb</u>	hosarcoma						110	mont	hs_
stating the u	inderlying cause	(c)									
	R SIGNIFICANT CONDITIONS	` '	TO DEATH DIT NOT DELA	TED TO I	THE TERMINAL DISEASE CO	MDITION CIVE	N IN DART 1(a)		119	WAS AUT	YZQO
Ane	emia; Thrombo			110 10 1	THE TERMINAL DISEASE CO	MUITION GIVE	N IN PART I(U)			PERFORM	MED?
A VCIDENT	WAS LINDERLYING [7]			(1200II)	(Enter nature of injury in	Dart I as Das	t 11 of item 10 \			S X	NO [
OR CONTRIBUT	TING CAUSE OF DEATH	200. 01	SCRIBE HOW INJURY OCC	UKKED.	tenter nature at injury in	ran i ar ran	i ii di irem 16.)				
(IF EITHER, NO	TIFY MEDICAL EXAMINER)	1 001 1	NAME OF THE PARTY	no pla	CC OF INITIDY /II (1001	(6:1	- (6-			151-1-1
	INJURY Manth, Day, Year ro.m.	While			CE OF INJURY (Hame, farr ary, street, office bldg., etc.		(City ar tawn)	(Co	iunty)		(State)
	p.m. 19	at wor							/=-		
21. I co	ertify that (4) (this ha	spital) atten	ded the deceased for	ram	4 August,	19.67.	o 15 Sep	t.a., 195	67, th	at (X) (we) la
22a, SIGNAT	e deceased alive on 1	2 Sebre	ember 19 of , ar	na that	death accurred at	8:35_W PM			ATE SIGNE		1 above
Zd. SIGNAT	UNE		1001		ATTENDING	MED.	STAFF C	_	Sept		67
22c. PHYSICI	ANIC	1	4-1	D.M.	22d. ADDRESS Th	DIRECTOR					
NAME (1		R. Uge	1, MD \	- 1-	Institute	es of H	Health, I	Bethe:	na o.	Md.	Т.
23a. BURIAL, CREA		IEREOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d, L0	CATION (City or To	wn)	(Caunty)	(5	State)
REMOVAL (Sp	ecify) 9-19	-67	Trock	Lan	ence	C	orks	xico	Le	1	0
24_FUNERAL DIR	ECTOR		ADDRESS		2So. REC	D BY REGISTR	RAR 2Sb. R	EGISTRAR'S	SIGNATUR	t	
1213	un 389 1	1I. G.	willer bu	E do	S. DATESE	P20	1967	Char	Cay y	uda	P.
1									-		

dans and a language of the control of the control of CEL CHOICE OF LIPE AND ES TATE OF THE PARTY.

(Yes, na, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION

20a. EXTERNAL CAUSE WAS

Hour o.m.

death resulted fram:

CAUSE OF DEATH

ACTUAL

SIGNATURE

EXAMINER'S NAME (Type)

23o. BURIAL, CREMATION,

PRIMARY Or CONTRIBUTING

20c. TIME OF INJURY Month, Day, Year

12632

PLACE OF DEATH

a. COUNTY

NAME OF DECEASED

S SEX

(Type or print)

13. FATHER'S NAME

FOR STATE

and 3 ta PM3. Page

ffice alang with farm Item 18. Give Pages

delay

This certificate shauld be executed within 24 hours after death.

pencil

rd "pending" in Chief Medical E

he

0

farwarded

shauld

the funeral directar

O DEPUTY

necessary,

please execute the certificate, writing the ward

DEPT.

at-

and 2 with the State Department

after death

event within 72 haurs

any

5

pup OS be used

removol,

cremation,

Health priar

MEDICAL

3 shauld ar

FUNERAL DIRECTOR: Page

File

burial-transit

20d. INJURY OCCURRED Not While

at work

Accident

at wark

Natural causes

20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autapsy

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, tawn, or caunty)

Suicide [

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.)

(City or town)

Inspection X Undetermined manner

22. DATE SIGNED 23d. LOCATION (City or Town) (State) (County)

(Caunty)

19. WAS AUTOPSY PERFORMED?
YES NO

and in my opinian

(State)

VR A15ME (5)

5 9

Removal (Sparity) 9-26-1967 Nat'l. Memorial DIRECTOR Joseph Gawler's SADDRESS Wisc. Ave. N.W. ash

23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

Fairfax. 2So. REC'D BY REGISTRAR

Monthson of the Contract of th Accessored the second of the s Established Alleger House a State Court from Children Houself Children State 21 112 The second of th Vicarian - Committy works to Cetable Constant AND THE PROPERTY OF THE PROPER CHEST STEEL Todards () Carselle () Carsel

	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12642
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE D. C. b. COUNTY
cessary, funeral may be artment	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring c. LENGTH OF STAY IN 1b Z mths. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Washington, 47
to the Safte Safte	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) 12921 Old Columbia Pike d. STREET ADDRESS 1805 Monroe St., N. E.
2, and 3 PM3. Pag. The Shift the Shift Takeout	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) GUY LESLIE HOYME DEATH Sept. 4 167
ges 1. If form form with	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. 181 187 181 187
Giving W	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect 10b. KIND OF BUSINESS OR INDUSTRY Same 11. BIRTHPLACE (State or foreign country) COUNTRY? USA 12. CITIZEN OF WHAT COUNTRY? USA
	Charles Wm. St. Hoyme 14. Mother's Maiden Name Charlotte E. Cooper
250 -	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 17. INFORMANT 17. INFORMANT 1805 180
uted within 2, in pencil in Examiner's O sit permit. I or removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
certificate should be executed iting the word "pending" in lad to the Chief Medical Exanta be used as a burial-transit prior to burial, cremation, or in the contract of the c	Conditions, If any, which) DUE TO Beauce Merceardial Devices Gears
nould be brd "pe hief Me s a bur al, cren	gave rise to immediate ceuse (a), stating the underlying cause last. OUE TO
ficate sho the worn the Chi the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PERFORMED? YES NO PERFORMED? CAUSE OF DEATH.
AMINER: This certificate, wild be forwards. S. Page 3 shou grated agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County
00000	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
reperture the age 4 sh ryour fill DIRECTO	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (22. DATE SIGNED
Face of the or the or	EXAMINER'S TOHALS ROGERS DEPUTY MEDICAL EXAMINER S Address (Street, city, town, or county)
TO DEPUT please director retainer TO FUNES of Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL (Specify) Supplied Sept 6. 1967 Congressional Cemetry Washington.
VR AISME (5) 5M 1/65	24. EUNERAL DIRECTOR ADDRESS ADDRESS 252 REGIO BY REGISTRAR 256. DEGISTRAR'S SIGNATURE DATE SEP 7 1987 Charles Under

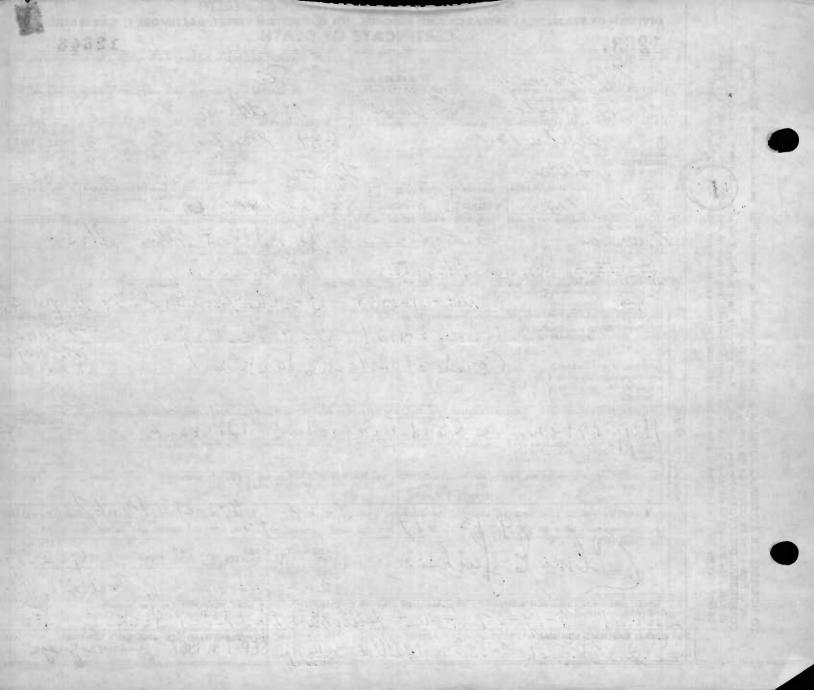
Charles X A. Common Charles and A. Salaman and A. S and the second s LEGS Monroe Dt., N. E. 12021 Old Columbia will a Ante Contract Sare Sare (Culpergr, Virginia 185 Charles by . St. Howard Charles Connect . Cooper . Cooper . Dr. Lackle H. St. Boyns 1805 Consider SANCE REMOTE ASSESSED

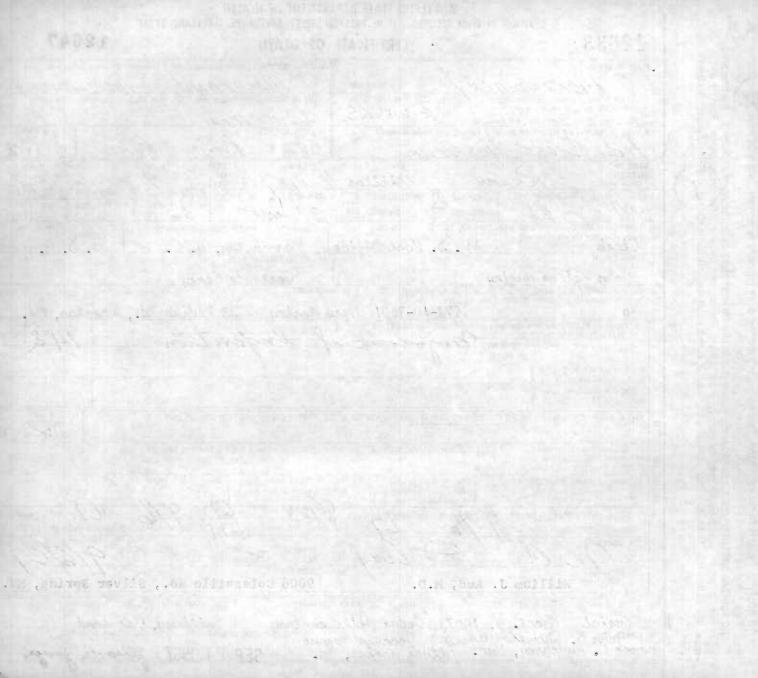
EASSEL				
Temporaroit -				
			.62/C G.LV .A.	
in the designation of		• 1		
	eff. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	SAFE (SAR)			
	Kentha strategy		First . I bert	
		odenienienienienienienienienienienienienie		
reave A		anatowe apole		
eracte	and door to the same of the same	78 27 .dr		
	one - Ked - 1 - Aur Lan	lier.		
at threat etc.				
The speak is	THE PARTY OF THE STREET	Landin Li		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12644 requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATEVTRGINIA MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and completely filled in by the VIENNA 24 DAYS BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM 126 PATRICK ST., SOUTHEAST US NAVAL NO f Carbon NAME OF Middle 4. DATE First Last Day Year DECEASED RUTH A HULL SEPT. 67 DEATH ond in ony event, IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last bighday) Manths Hours 4 FE. 1929 FEMALE CAUC WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? USA 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) **INDUSTRY** ottending physician permit. Then pleose SULLIVAN CITY, TENNESSEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, ABNER BREWER ELIXABETH PATRICK 17. INFORMANT 126 PATRICK ST. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service ROBERT S. HULL S.E. APT. 260 VIENNA, VA 414347495 ESOPHOGEAL VARICES WITH INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit GASTROINTESTINAL HEMORRHAGE IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove CIRRHOSIS OF LIVER (b) rise to immediate cause (a), DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20f. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work While at work 21. I certify that (this haspital) attended the deceased from 23 AUG., 1967, to 16 SEPT, 1967, that (we) last saw the deceased alive an 16 SEPT. 1967, and that death accurred oil: 20AM, from causes and on the date stated above. be retoined 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR 16 SEPT 1967 M.D. PHYS TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S C. S. CRUMMY, MD NAVAL HOSPITAL, BETHESDA, MD. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL, CREMATION, (Caunty) 9-19-67 ARLINGTON NAT"L ARLINGTON FAIRFAX 24. FUNERAL DIRECTOR. A. PUMPHREY REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR Charley Judge VR A15 (4) 7557 WISCONCIN AVE. BETHESDA, MD.

a voye					
XXXXIAT		n Kosti			in octica
		ANTECY	att. Veis	T RANGE	ADDREST S
	TELLE, TELLE	Matheway 984 II			AWAR STI
	1500	and .		HERIT	
		0001 .W. I			ONE RESERVE
	and the And	A Marie William			Santainni
er eks ska ska 14. esa vaatsa,	TAKE BE			Nati	
		April 1	o arcoun.	10	
40.0			13		
ger wan jr			1,177.2		
ETA, M.	CORPERATE PARTY	H (CAMA)		M. S. D. MART, S. D.	
A TRY I	1980 0.5 S	1720		Mede Mine di Maria	ioroca.

Merylande Mortemus Marchen Co. Burrela Ley This Sucherary Konto 1 2 Dulanter Robert Thint 3/30/96 91 m ar Viewenne 6.50 Farmer and the same Market of Stranger Catholic Stranger In Section and the state of t The select , telletter





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12633 12648 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Maryland Montgomery Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neacest town)
Silver Spring c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rockville DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ond comprehen population company within 14207 Chadwick Lane Holy Cross Hospital NO X YES NAME OF Middle 4. DATE First Last Manth Day Year DECEASED September 26 Izikoff 67 (Type or print) Lena 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days 7/18/95 and in ony White WIDOWED X DIVORCED Female 11. BIRTHPLACE (County & State, or fareign (puntry) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? USA Russia Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca Abraham Feldman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Addres 4207 Chadwick Lr Daughter, (Yes, na, ar unknawn) (If yes give war ar dates of service) Rockville, Md. Mrs. Beatrice Stear No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. OS 19. WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P certificote 20 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING be retained by the hospitol OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this beseitet) attended the deceased from 1963, to Sect. 26, 1967, that (1) (we) last saw the deceased glive on Sept. 24, 1967, and that death occurred at 7.37 M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR Sept 26 6 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Gene U. Cohen 1106 Spring St. Silver Spring. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, Burial (Specify) 9/28/67 King David Mem. Garden Falls Church. Va. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

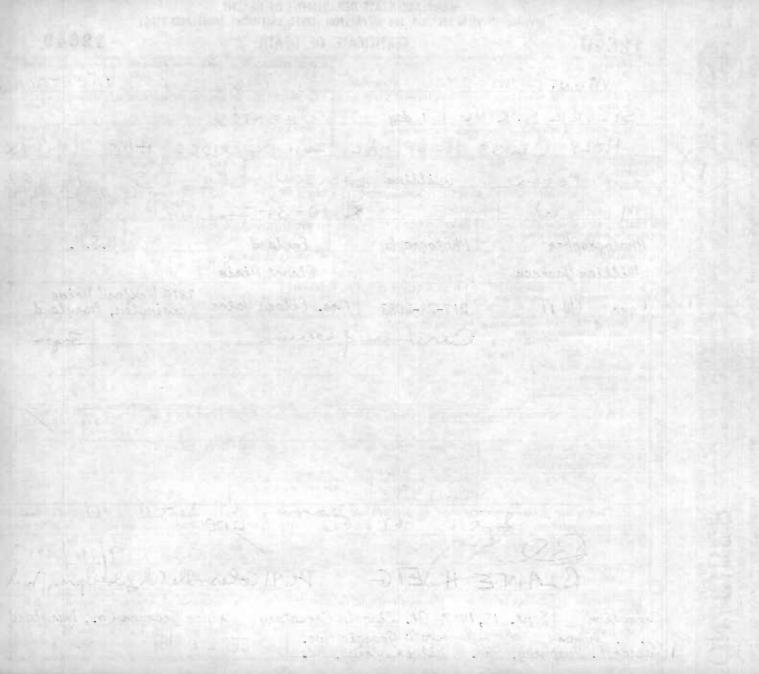
ment Pile Ticolini

me a particular terms

Dr. Sage V. Cont. Lion Smiles St. Stiver & rindy Md.

softel 0/28/67 - King David Mos. Garden Fails Church, Vel.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12649 CERTIFICATE OF DEATH 12540 **OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY ONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 1= 12 n papers. d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OSF LUERIDGE YES NO Corbon 3 NAME OF Middle 4. DATE Manth Last Day Year DECEASED lliam (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years remave last birthday) Manths Dovs Haurs WIDOWED DIVDRCED X and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DE BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT ond in during most of working life, even if retired) INDUSTRY COUNTRY? physician hotography England Photographer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, en William Jackson Elspet Pirie 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 3810 Hexford Drive (Yes, na, ar unknawn) (If yes give war ar dotes of service Eileen Yates ensination, Maryland 217-28-2083 cremation, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physicion. DUF TO signed l buriol, Canditians, if any, which gove (b) rise to immediate couse (a). DUE TO stating the underlying cause os the peen lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? this certificate hos with the Stote Dept. of Health NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at work 10 FUNERAL DIRECTOR: After pe 21. I certify that (I) (this hospital) attended the deceased fram tobert 16 ____, 196), that (1) (aug) last and that death accurred at 12,079M, from causes and an the date stated above saw the deceased alive appear 196 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. r, poge 3 be filed M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) director, should 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) It. Lincoln Crematory Prince Georges Co., Maryland 1967 remation 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 Thomas Pumphrey DATE Spring



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12641			CERTI	FICATE	OF DEATH			126	550	
death death	1.	PLACE OF DEATH COUNTY Montgomery			MA	RYLAND	2. USUAL RESIDENCE a. STATE Virgi		ved, if institut b. COU	tian: Residence be NTY	efare admission)
by the Pages		o. CITY OR TOWN (If out write RURAL and give ethesda (R	side carparate limits nearest town)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		nits, write RU	RAL and give nea	rest tawn)	
in 24 hours or filled in by the papers. Pagenta 72 hours		S. Naval	INSTITUTION (If no				d. STREET ADDRESS	Landover	Stree	+	e. IS RESIDE ON A FAR	NCE RM?
ed within pletely fill carbon purity, within	3.	NAME OF DECEASED	Fir Teresa	st	Middle	TA	Last CKSON	4. DATE OF	Man	th (ay Year	
e executed within 24 and completely filled remove carbon pape n any event, withur?	5.		OLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR	ED X	8. DATE OF BIRTH 3 MAY 1965	9. AGI	E (In years t birthday)	IF UNDER 1 YEAR	R IF UNDER 2	9
ate be exercion and a lease remo	10a	USUAL OCCUPATION (Given mast of working life, e	kind of work done		ND OF BUSINESS OR		(IL BIRIHPLACE (Count Payton	y & State of foreign	yrs. country)	12. CITIZEN USA	OF WHAT	
physici physici ovol, or	13.	FATHER'S NAME Aubrey G.					14. MOTHER'S MAIDEN Elsie BRE	NAME				
le deoth certificate b attending physicion permit. Then please on, or removol, ond i	15. (Ye	WAS DECEASED EVER IN L (If ye	.S. ARMED FORCES? s give war ar dates a	(asimasa)	OCIAL SECURITY NO.		nformant rey G. JACH	(SON 2915		S Alexan	dria,	Va.
equires that the physicion. signed by the buriol-transit buriol, cremoti		18. CAUSE OF DEATH WART I. DEATH WART I. DEATH WART I. DEATH WART II. DEATH WART II. DEATH WART II. DEATH WART II. DEATH WART III. DEATH WAR	S CAUSED BY: IMMEDIATE CAUSE DUE h gave se (a), cause DUE	(a) Cons 10 (b)	(a), (b), and (c).) strictive	Peri	carditis				INTERVAL BETW ONSET AND DE	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(a)		19. WAS AUTOF PERFORMED YES N	0? 0?
PHYSICIAN le haspital his certifico stoched for Dept. of He	L CERTIFI	20a. ACCIDENT WAS UND OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II a	f item 18.)			,
DING PHYSIC by the haspi After this cert be detoched State Dept. o	MEDICAL	20c. TIME OF INJURY M Haur'a.m. p.m.	19	While at wark	JURY OCCURRED Nat While at wark	fact	CE OF INJURY (Hame, far ary, street, affice bldg., etc		y ar tawn)	(Caunty)	(51	late)
ATTENDING Stoined by CTOR: After should be ith the State		21. I certify the	ot X) (this hos	Sep	led the decease	d from_6 and that	Sep t death accurred a		8 Sep	, 19 <u>67</u> , and on the c	that (%) (w late stated	e) las abave
OR ATTENION TO RECTOR: A Should be 3 should be distributed by the state of the stat		22a. SIGNATURE	rue St	1/a	1 Hou	J.M.	111131	MED. DIRECTOR	STAFF PHYS.	22b. DATE S 9 Ser	I967	
O HOSPITAL OR ATTENDING PHYSICIAI Page 4 moy be retoined by the haspital O FUNERAL DIRECTOR: After this certifical director, page 3 should be detoched for should be filed with the State Dept. of He		22c. PHYSICIAN'S NAME (Type)	D. VAN	HOVE LO	DR MC US	N	U.S. Nav	val Hospi			Md.	
Page 4 may by Funeral may by Funeral by director, page should be file		BURIAL, CREMATION, REMOVALISPECIFY)	23b. DATE THE 12 Sep		23c. NAME OF CE		ional	23d. LOCATIO	ton,	I	irgini	,
VR A15 (4) 25M 1/67	24 IV	FUNERAL DIRECTOR ES FUNERAL	HOME 587	7 Wils	on Blvd.	Arlin Virgi	ig con,	P 1 3 198	25b. RI	Clarles	Judge	

0.08						
	Se to repriv					
	al time to 14		a days		(:3)	and the
Webst2	rovonuel (102		ide, ids.	detine	Indicack Is	4.E. NEV
Soptember D		TVE CLE	43		proteil	
					Cancastan	a.Learn
ABIT		ů)		Am		
		min.II			B. 2008888	August
Landowski at	۲۰. ر	O gazddh				
	1		Fachhaird	enoti		
2 167 167 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	11572			Med 8		
			NAME OF			
it, Heanedin, M.	desol Ilean	1.4	NATION BE	ar swa	HAVE GET	
on, Virgi	rant EnA	fine stand	hormula.	1361	red 37	Tertis
	Sep of Land				ES ENOT JAK	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12842 12651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY 🔨 a. STATE delay is and 3 to Page (If outside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) d'pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm This certificate shauld be executed within 24 haurs after death. NAME OF First Middle Day DECEASED DEATH O (Type or print) 05 S. SEX 9. AGE (K) IF UNDER 24 HRS NEVER MARRIED lost birthday) Manths within 72 hours after death 12. CITIZEN OF INDUSTRY COUNTRY Dept.AAA -Maps 13. FATHER'S NAME permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, na, ar unknawn) (If yes give war or dates of service) CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: in any event COTOMOSTA IMMEDIATE CAUSE (a) please execute the certificate, writing the ward DUE TO Cardio Vascular Disease Conditions, if any, which gave shauld be farwarded ta rise to immediate cause (a), DUE TO stating the underlying couse be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ar removal, CERTIFICATION NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge af the remains described above, held an Autapsy Inquiry X Inspection and in my apinian Natural causes death resulted fram: Accident Suicide Undetermined manner funeral directar ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar caunty) Health NAME (Type) 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 0 Burial Burial Baltimore National Baltimore, Maryland Hines Acompany S 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 2901 14th St. N.W. Washington DNC SFP 1967 6M 1/6

MARYLAND STATE DEPARTMENT OF HEALTH

Land The Target and the Committee of the The state of the s The state of the s The state of the s BOOK OF THE PROPERTY OF THE PR 13.5 bus Equals . Service land to the description of the service of the Swit like born. V. Yardi or ton D. J. SEP 27 1967 John Switch

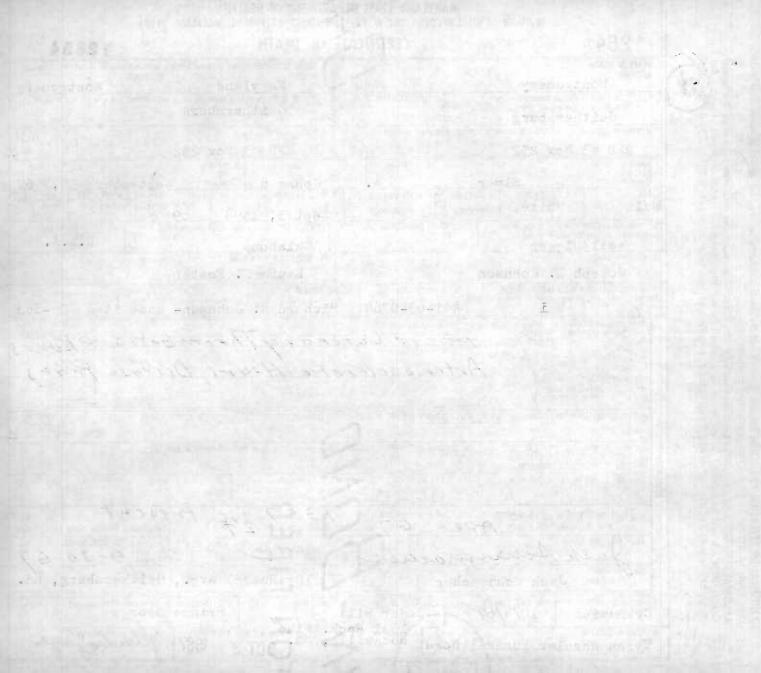
X	Item 21 I	Film 393 9-2	27-67MA	ARYLAND STATE DEI ECORDS, 301 W. PREST	ARTMENT OF H	EALTH MORE, MA	RYLAND 21201		
	126				E OF DEATH			1265	52
urs after death. y the funeral Pages 1 and 2. urs after death.	PLACE OF DEAT o. COUNTY	Montgomery		MARYLAND	O STATE	(Where dece	eased lived, if instituti b. COUN		are admissian)
naurs after naurs after oby the fui s. Pages 1 hours after	b. CITY OR TOW write RURAL Bethe	N (If autside carparate limits and give nearest tawn) Sda,		c. LENGTH OF STAY IN 16 299 days	Alexand		orate limits, write RUF	RAL and give near	83.3
illed in papers.	The Clin	PITAL OR INSTITUTION (If no ical Center,		ive street oddress)	d. STREET ADDRESS 3822 Ing	galls .	Avenue		e. IS RESIDENCE ON A FARM? YES NO X
e executed within 24 haurs and campletely filled in by remave carban papers. Pro any event within 72 hour	B. NAME OF DECEASED (Type or print) S. SEX	Susan 6. COLOR OR RACE	7. MARRIED	Middle Diane NEVER MARRIED	Lost Jessie 8. DATE OF BIRTH	4. DATE OF DEAT	Mant H Septembe 9. AGE (In years		3 19 67
executing cam	Female	White	WIDOWED	NEVER MARRIED DIVORCED DIVORCED ND OF BUSINESS OR	12 August		last birthday) 10 yrs.	Months Days	Hours Min.
cate be sician a please , and in	during most of work Stude: 13. FATHER'S NAMI	ION (Give kind of work done ing life, even if retired) nt	INI	DUSTRY	Virginia 14. MOTHER'S MAIDE	a	idicigii tooliii į)	COUNTRY	USA
h certifi ing phy Then emava		ce D. Jessie EVER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO. 17.	Mary I	E. Gil		rss	
ne deat attend permit. ian, or r	No	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes o DEATH (Enter anly one cau	N	Ione Th	e Clinical			da, Mary	NTERVAL BETWEEN
equires that the death certificate be executed physician. signed by the attending physician and camples burial-transit permit. Then please remave car burial, crematian, or remaval, and in any event	299X	EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Ate	electasis and	pneumonia			3 0	ONSEI AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event.	rise to immed	derlying cause DUE		diagnosed diseakness, hypoma		terize	d by	7	years
DING PHYSICIAN: The law raby the haspital ar attending 4fter this certificate has been be detached far use as the State Dept. af Health priar ta	PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (CONDITION GI	VEN IN PART 1(a)	11	9. WAS AUTOPSY PERFORMED? YES NO
YSICIAN aspital certifica hed far ot. af He	OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED					
ING PH yy the h ter this oe detac	2	NJURY Month, Day, Yeor o.m. 19	While at wark	Not While of at work	ACE OF INJURY (Hame, fo ctory, street, affice bldg., e	etc.)		(County)	(State)
R ATTENDI retained be RECTOR: Af 3 shauld be with the S	21. I ce saw the 22a. SJONATU		pital) attend eptembe	ded the deceased from Ner 1319 67, and th	ovember 18 at death accurred	at 5:25	M, fram causes o	ond on the do	
may be retained RAL DIRECTOR: A page 3 shauld be filed with the	22c. PHYSICIA	lw Hali	haw	They M	.D. PHYS. 22d. ADDRESS T	MED. DIRECTOR The Cl	inical Cer	14 Sep	t. 1967
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar to FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	NAME (Ty 23a. BURIAL, CREMA REMOVAL (Spe	Paul W.	REOF	MAY M.D.	Institut	es of	Health, E	Bethesda	, Md .
VR A15 (4)	1 02 11 10	5286		1967 1967 1 Home, Alex	Ceme t	SEP 1	Chatha STRAR 25b. RE 8 1967	m. Va. GISTRAR'S SIGNAT	URE Judge

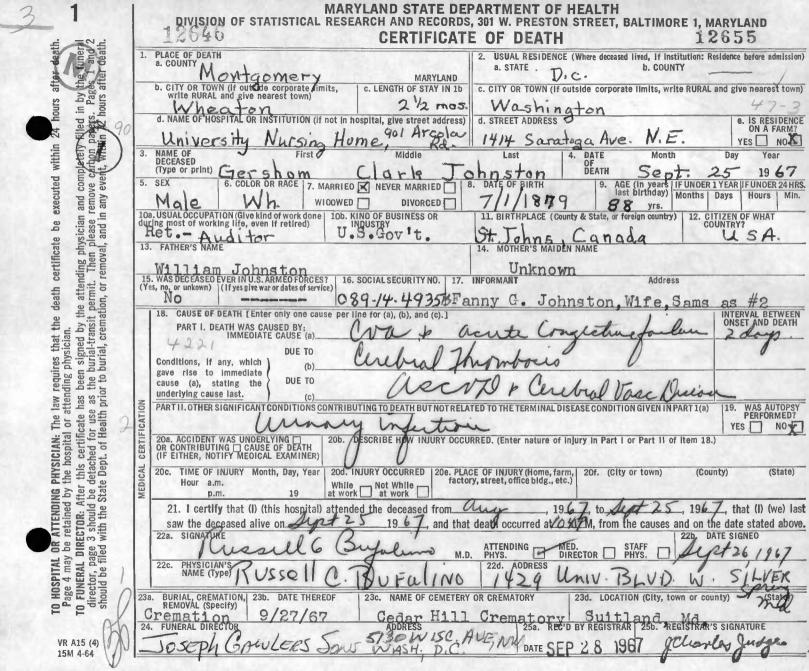
20021 Law, banks, care Man all police on the first and the state of t · Fig. 1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #0392 12653 CERTIFICATE OF DEATH 12644 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE MARYLAND b. CITY OR TOWN (If outside corporate limits write RUPAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town age e IS RESIDENCE HOSPITAL OR INSTITUTION (If not je hospital, give street oddress) ON A FARM? 505-NO 🔀 YES requires that the death certificate be executed within NAME OF Middle pan 4 DATE Year DECEASED OF DEATH 19 em em (Type or pnnt) IF UNDER 1 YEAR AGE IF LINDER 24 HR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours remay in any WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Salesman please **NDUSTRY** COUNTRY? and Lockwood Dental 13. FATHER'S NAME Lab. 14. MOTHER'S MAIDEN NAME attending phys ar remaval, William Johnson Nora Wilson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)
YOS WWII 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Susan C. Muschlitz (above ad crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN (Sister) dress) ONSET AND DEATH transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by attending physician. DUE TO burial-t burial, ence caremona Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19: WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO SC TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING (Enternote of injury in Port I or Port II of OR CONTRIBUTING CAUSE OF DEATH o.f detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at *10AM, from causes and on the date stated obave saw the deceased alive on 22o. SIGNATURE DATE SIGNED director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 12/67 Ivy Hill Cemetery Upperville, Va. 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Rainier 350. REC'D BY REGISTRAR Home Inc. Maryland 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Millanley Judge DATE SEP

MARYLAND STATE DEPARTMENT OF HEALTH

Bethadal 16 days Hyattendle asmore francismus 3505 43 pd aver Alberia To deliver Last 12 1081, 8 Just 9, 1901 66 Salama Bookwood Duntal Virginia User But avoid to transport to the same of the Browlegeme Exempend 5 months Chemicalishelian, westropymodesny-conting aller I Other Story les Home and, Time House of the Health of the Committee of th MARYLAND STATE DEPARTMENT OF HEALTH





By of any well the many mouth transfel Tabletonia Limital Hotel And Line Wedge and the 331 1751 to a short the state of the sta The state of the s The territory and the second of the second o Coto 4 house Congestingfulow stay Cerebrat Thursdown (Lexist) & Cardrel Vear Duran fighter it and loss property Russelle Bylano Terractories .. RUSSON C. BUFELING 1929 Univ BLVD W. SLEEP JOSEPH CHULES Som Pitch 25 Million Spring 1967 25 1867 yellenter for granter for grant

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12656

	1204	6	-)	CERTI	FICATE	OF DEATH			^		
	PLACE OF DEATH o. COUNTY M	ontgomery		MAI	RYLAND	2. USUAL RESIDENCE (o. STATE Mar	Where deceosed	lived, if instituti b. COUN		before od	mission
	b. CITY OR TOWN (write RURAL and Betnes	If outside corporote limit Lgive negrest town) da (rural)	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corporote		RAL ond give	neorest tov	vn)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital,	give street oddress)		d. STREET ADDRESS					RESIDENCE
	Naval	Hospital				Route 1,	Box 43	3, Lot	53		N A FARM?
3.	NAME OF DECEASED (Type or print)	Lorrai	ne ne	Middle Irene		Lost JONES	4. DATE OF DEATH	Mont	ember	Doy 6	Year 19 67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED [8. DATE OF BIRTH		GE (In years	IF UNDER 1		JNDER 24 HR
F	'emale	Cauc	WIDOWED	DIVORC	ED 🔲	June 16, 19	34 3	ost birthdoy) 3 yrs.	Months	Doys Ho	ours Min.
	ing most of working N/A (ho	(Give kind of work done life, even if retired) usewife)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County Baltimore				ZEN OF WH NTRY?	USA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				0.02.
	James	M. Drury				Eva Dub	roski				
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO.	17. 1	NFORMANT Lot 5	3 Lexi	ngton ^{Add} P	ärk, M	ld.	
Ĺ	No					1 Richard E					ox 433
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE	Act	r (o), (b), ond (c).) ite bilate:		yelonephrit				INTERVA	AND DEATH
	171X	DUE	500	condary to	radi	ation cysti	tis wit	h obstr	uction	1	1.11
	Conditions, if ony	, which gove	(b) ure	eteral ves	icle	junction bi	lateral				
	rise to immediat stating the unde										
	lost.)	(c) Sec	condary to	carc	inoma of ce	rvix				
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN I	N PART 1(o)		19. WAS PER YES	FORMED?
L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Part II	of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o.n p.n	JRY Month, Doy, Year n. 19	20d. While of wo			CE OF INJURY (Home, farm ory, street, office bldg., etc.		City or town)	(Cour		(Stote)
	21. i certi	y that (I) (this has	pital) atten	ded the deceased	fram	Aug. 24 ,	9_67, ta_	Sept. 6	, 1967	_, that ?	(4) (we) le
	sow the de	ecoased alive an_S	Sept. 6	1967	and that	t death accurred at	_700AM, 1	ram causes			ated abov
	220 SIGNATURE	num	a.	Jone	/ M.E		MED. DIRECTOR	STAFF X	22b. DAT	ept.	1967
	22c PHYSICIAN'S NAME (Type)			/		22d. ADDRESS					
		Lawrence		Jones, M.		Naval Ho					
230	BURIAL, CREMATIC	1		23c. NAME OF CEA		ational Cem	etery.	TION (City or Tov Baltimo	re. Mo	County)	(Stote)
24	I. FUNERAL DIRECTO	RMattingly				2So. REC	D BY REGISTRAD	967 25b. 87	STATE SHOW	NATURE	del
	Leonar	dtown, Mary	rland			DATE	LIO	-		0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any events with 172 hours at VR A15 (4) 25M 1/67

Tack . Day

Staur 1 1 112

			great to	
ted out	otest	13 deyn	()	die migrati
the tee day seed not	louise 1,		2 nd franc	N Zovali
in unionideli	830105,	Zenno	2000	
	For .01 mark		Contract of Contract	47005
Line Extract	. etopia (eg		(+).(www) A(1
uchi Ledigton Fork, Mi. Jures, N.W. Boute L.				namati ott
mardemarked adlaced	leftweenology Sidnys dollalb Lif dollbow, a	er of grade	dpsil	
All Sales	aro to emonica	no of yearhi	2002	
St. Dent. 6 set	f2 .gut o		Sgmt.	
rigos o X			A 600	
gagni, Detherón. Mozy	May Hon	Gree, M. D.	Lourence M. J	
cerry Bolder co, Mi.	Hat long! Can		reconstitution	Setzell

such terminal granification

Lebused town, harry band

1	11-14-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12657
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
any delay is n. 2, and 3 to m. PM3. Page	a. COUNTY - Tarme Y C. MARYLAND D. STATE B. COUNTY
9 % of 0	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
an an	To hama tark
If any de st. 2, and arm PM3	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
form form	Wash San + Hospital 1830-17 St. nw. 401 YES 17 NO FA
r death.	3. NAME OF First Middle Last 4. DATE Manth Day Year OF
p s s	(Type or pnnt) MICHELL S YONES DEATH 9 10 1961
afte 8. Galon alon with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
urs of the control of	Thate while wildowed I fold -49 /x yrs.
24 hours in Item 18 ar's Office congression of the conference of the cond 2 values of the con	10a. USUAL OCCUPATION (Give kind of work done during most) of weaking life, leven if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Slote or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY 2
24 in str's es offee	Electrician Building DC.
within 24 hours n pencil in Item 1 Examiner's Office File pages 1 ond 2 thours after death	13. FATHER'S NAME
wit year	Hewlon Jones mariorie Clyburn
This certificate should be executed within 24 hours after death. If a icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm 1 be used as a burial-transit permit. File pages I and 2 with the State Dei removal, and in any event within 72 hours after death.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng. grynknown) (If yes give warfor dates af service)
executed nding" ir Medical permit.	110 Margaret L. Jones algunaria (17)
e e e e e e e e e e e e e e e e e e e	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple extreme skull fractures ONSET AND DEATH
shauld be e ne ward "per to the Chief I burial-transit	824.4 IMMEDIATE CAUSE (a) MUITUPLE extreme Skull fractures
shaul e wal the urial- any	Conditions, if any, which gave
te sl the I to q bu	nise to immediate cause (a). Stating the underlying cause DUE TO
This certificate shauld cate, writing the ward be forwarded to the Che used as a burial-transmayal, and in any every	last. (c)
war war sed al,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
is c far far far	20a. EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. CAUSE OF DEATH
MEDICAL EXAMINER: This please execute the certificate, I director. Page 4 should be for retained for your files. DIRECTOR: Page 3 should be us to burial, cremation, or remains to burial, cremation, or remains.	20a. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Foter nature of injury in Port I or Part II of item 18.)
INER: e certi should files. 3 shau ian, a	PRIMARY DO CONTRIBUTING CAUSE OF DEATH.
MINER: the certif 4 should ur files. e 3 shaulo natian, ar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
EXAMINER: cute the cert age 4 should ryour files. Page 3 shou cremation, a	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm
Kecu Pog for OR: F	
MEDICAL Ilease exe directar. P stained fa DIRECTOR to burial,	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
MED leas direction to to	ACTUAL CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAM seessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, cremat	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
DEPUTY Ressary, le funeral may be refuneral to funeral adith prior	NAME (Type)
TO DEPUTY MEDICAL EXAMINER: This certinecessary, please execute the certificate, writhe funeral director. Page 4 should be farwar 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, cremation, or remaval,	230. BUKIAL, CKEMATION, 1 230. DATE THEREOF 1 23C. NAME OF CEMETERY OR CREMATORY 1 23d (DCATION (City of Town) (County) (County)
5 = # 2 5 #	PEMOVAI (Specific)
VP A ISME (S)	24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 6M 1/67	F. Gasch's Sons Hyattsville, Md. DATE SEP 14 1967 Charles Junger

12021 The state of the s Wife We Book Store 7 THE RESERVE TO SERVE THE PARTY OF THE PART AND STATE OF THE S enterprise to the second dancelly of the distributed far, sin.

	11-14-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12549 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12658
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY c. COUNTY c. STATE
delay is and 3 ta M3. Page	monlgomery MARYLAND maryland monlgomery
delay M3. Pag	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
12 Jan	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
th. If o	Wash Sam + Hospital 14215 London Lane YES 10 NO 18
24 haurs after death. If a in Item 18. Give Pages 1, r's Office alang with farm as I and 2 with the State De iffer death.	3. NAME OF First Middle Lost 4. DATE Month Day Year OF OF
Give ng v	(Type or print) (Type
s after 18. Giv alang 2 with th.	Female tibite WIDOWED DIVORCED Q (25-126-49 18 birthdoy) Months Days Hours Min.
haurs tem 1 Office and 2 death	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
hin 24 ncil in 1 niner's (pages 1 urs after	during most of working like even if retired) Month Dustration Gov't. Washington, D.C. DUNIRY?
encil mine pag	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
d w in p Exa	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
xecuted wit Iding" in pe Aedical Exar Permit. File vithin 72 ha	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates at set/ice) 218-54-8437 William R. Jones - Father - same item #
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MANDRIATE (AUSE (c)) Multiple, extreme fractures of skull MULTIPLE (c)
shauld be e ne word "per a the Chief I burial-transit	MMEDIATE CAUSE (o) MULTIPLE, EXCLEME TRACTURES OF SKULL
the woo to the the to the to burial-	(anditions, if ony, which gave his to immediate cause (a), (b) incurred in auto accident
ate a the din din	stating the underlying cause DUE 10
certificate writing th inwarded to ssed as a k val, and in	lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
EXAMINER: This certifute the certificate, writinged 4 shauld be forwar your files. Page 3 shauld be used crematian, or remaval,	PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY MO or CONTRIBUTING CAUSE OF DEATH.
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be for retained far your files. DIRECTOR: Page 3 should be to brief, crematian, or remaint to burial, crematian, or remaint.	20o. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part 11 of item 18.)
UNER: The certification is should be files. 3 should build it is should it is shou	
EXAMINER: tute the certificate of the certification	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 3 Hour a.m. 4 19 19 19 19 19 19 19 19 19 19 19 19 19
kecute the Page 4 far yaur OR: Page 5	21. I certify that I took charge af the remains described above, held an Autapsy Inspection Inquiry , and in my opinion
MEDICAL lease exe directar. P stained fa DIRECTOR to burial,	death resulted fram: Natural causes, Accident 🗷, Suicide, Homicide, Undetermined manner
MED Meas Mired directain DIRE to b	ACTUAL SIGNATURE ACTUAL ACT
ITY TY, P erral be re RAL priar	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER EXAMINER'S JO H & J. R. & G. & C. & C. & C. & C. & C. & C. & C
o DEPUTY MEUCAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar to burial, crema	NAME (Type) 19 18 18 20 18 18 18 18 18 18 18 18 18 18 18 18 18
TO DEPUTY MEDICAL EN necessary, please execute the funeral directar. Pag 5 may be retained far 5. To FUNERAL DIRECTOR: PHealth priar to burial, as	236. BURIAL (REMATION, PEMOVAL (Specify) Burial 236. Date thereof Page Washington 236. Location (City or Town) (County) (Stote) Prince George Co., Md.
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS POLICE DI LO SON REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6M 1/67	Tyson Wheeler Funeral Home 1331 Rock Pike Rockville, Mary 144n SEP 13 1967 general suggestions of the Rockville, Mary 144n SEP 13 1967

Page of the sound of PLEASE FRANCE CONTRACTOR on to a very a manufacture of the month of the manufacture of the contract of The second of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12650 12659 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Montgomery o. STATE Michigan b. COUNTY MARYLAND Mason filled in by the fu popers. Pages 1 hin 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Bethesda 53 Davs Ludington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress 20014) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland Route 2. Dicker Road NO X NAME OF Middle 4. DATE First Lost Month carbon Year DECEASED Peter (NMN) Jorgensen September 8 1967 (Type or print) DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours White Male 9 May 1908 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done dwing most of working life, even if retired)

(FILOT) American Seaman 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Shipping physicion a COUNTRY? Denmark USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hans Jorgensen Anna Kundsen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Medical Records, The Clinical (Yes, no, or unknown) (If yes give wor or dotes of service) OF 711-01-8379 Center, Bethesda, Maryland 20014 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN CHISET AND DEATH Septic Shock IMMEDIATE CAUSE (o) be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove Soft Tissue & Probable bone infection 5 Davs rise to immediate couse (a), DUE TO Blast crisis 50 Days stoting the underlying couse Chronic Myelogenous Leukemia/ 2 Years WAS AUTOPS Y PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DIRECTOR: After this certificate hos YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (*) (this haspital) attended the deceased from 17 July , 1967, ta September 1967, that (*) (we) last saw the deceased alive an September 1967, and that death accurred at 6:30M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR X 8 Sept. 1967 M.D. PHYS. 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S TO FUNERAL Charles M. Haskell, MD. NAME (Type) Institutes of Health, Bethesda, Md. 20014 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) urial spein ansit 9-9-67 Ludington, Michigan Lakeview Cemetery ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 ROBERT A. PUMPHREY, Bethesda, Maryland

SECSE MARE TO MARE TO MARE TO MARE The state of the s The large person of the case of the second Mary Mary of the Adelera (177 & Bern) CASTA COLORS - Marson Marynest Vorter biogrammis to THE REPORT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12651 CERTIFICATE OF DEATH 12660 The law requires that the death certificate be executed within 24 haurs after death. ompletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after depart PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) OPCOUNTY o. STATE b. COUNTY MARYLAND moni b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO emave carban NAME OF 4 DATE Month Doy Year DECEASED OF DEATH (Type or print) 19 SEX 9. AGE (In years JE LINDER 1 YEAR 7. MARRIED NEVER MARRIED hirthdoy) Months Doys Hours WIDOWED DIVORCED pun 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired NDUSTRY COUNTRY? 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME attending phy permit. Then burial, crematian, or remaval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). the INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been Dept, af Health priar ta 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. While Not While foctory, street, office bldg., etc.) of work ot work 21. 1 certify that (1) (this hospital) attended the deceased from director, page 3 shauld should be filed with the 730 M, from causes and an the date stated obove saw the deceased alive an and that death accurred at 220. SIGNAFURE. DATE SIGNED STAFF 22d. ADDRESS 22c. PHYSICIAN Bendler NAME (Type) 0820 Ja. Ave. 23b DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Tow (Stote) REMOVAL (Specify) Md

2So. REC'D BY REGISTRAR

2Sb.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

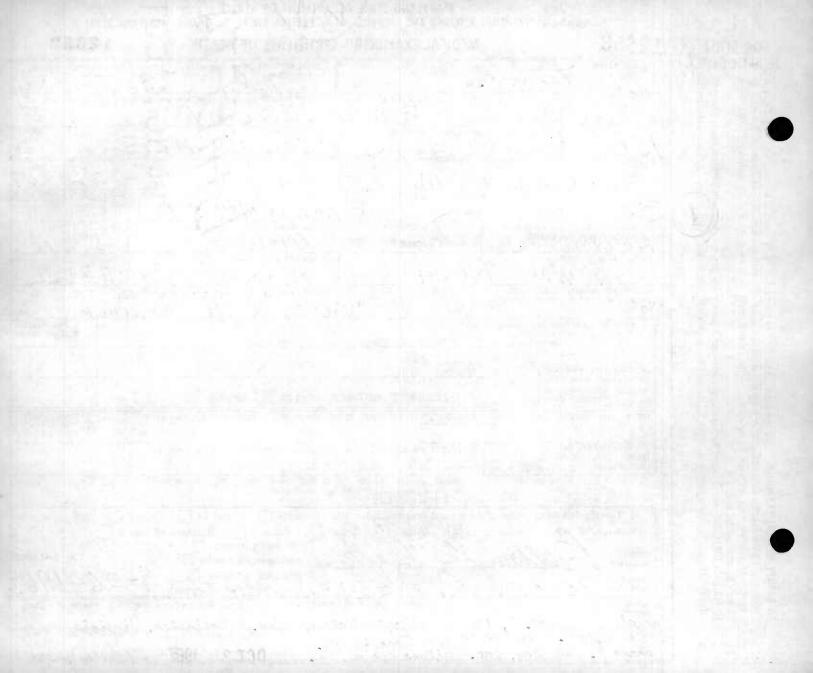
VR A15 (4) 25M 1/67

NOOR 2 MANUTAL TO A CONTROL OF THE SECOND THE ROLL AND ASSESSMENT OF THE PARTY OF THE THE RESERVE AS A SECOND Level de le level de level Provide the delication of the contract of the THE PERSON NAMED IN THE PE A CONTRACTOR OF THE PARTY OF TH And himmany last many the state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12652 12661 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ONT GOMER' haurs after MARYLAND PRINCE GEBRGE b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town), c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs DOWIE OWO. campletely filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Noin 72 th ON A FARM? SANITARIUM 0 NO X NAME OF Middle First Last 4. DATE Month Year DECEASED (Type or print) LBAUGH OF TRUDE event, 6 19 DEATH 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remove lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) physician a during most of working life, even if retired) **NDUSTRY** COUNTRY? ouse wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, **10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending phy directar, page 3 shauld be detached far use as the burial-transit permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor or dates of service RECORDS INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSEJ AND DEATH IMMEDIATE CAUSE (o) attending physician. DUF TO Conditions, if any, which gove rise to immediate cause (a), DUE TO far use as the t f Health priar ta b stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) by the hospital 20a. ACCIDENT WAS UNDERLYING detached for the Dept. af h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While State [at work 21. 1 certify that (1) (this haspital) attended the deceased fram 7. that (1) (we) lost be retained and that death occurred of saw the deceased alive an fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL director, pa NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 230. 23b. DATE THEREOF 23d. LOCATION (City or Town)
Lanham Pro Geo (Stote) REMOVAL (Specify) Sept 16, 1967 Whitfield Cemetery Burial 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Hyattsville, Md. 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 F. Gasch's Sons

			5.731c/A	
July 12 Yanna 1			TO A A A	
Todal I restaura	isto († 1315) Interpolitika	Luc, Luc	Machine Committee	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12653 12662 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE, OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 2, and 3 to PM3. Poge MARYIAND delay i after deoth Deportment C. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town d. NAME OF HOSPITAL OR ITION (If not in Jy spital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM Office along with form hours Give Pages YES 24 hours after deoth. NAME OF First Middle Lost DATE Year DECEASED (Type or print) 0 DEATH AGE (In years IF UNDER 24 HRS COLOR OR RACE NEVER MARRIED Months Doys Hours Item 18. WIDOWED DIVORCED 100 ISUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE Stote or foreign country) 12. CITIZEN, OF WHAT during most of working life, even it retired Choustry dome Medicol Examiner's = any poges in any within 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME and 16. SOCIAL SECURITY NO. INFORMĂNT no, or unknown) (If yes give wor or dotes of service) removol. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH Acute coronary thrombosis 0 IMMEDIATE CAUSE (o) certificate should ward cremotian, DHE TO Conditions, if ony, which gove e, writing the v forwarded to the rise to immediate couse (a), DUE TO stoting the underlying couse Coronary artery heart disease lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO certificate 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING plnods CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge please execute ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry þ Inspection ond in my opinion Noturol couses X Acciden the funeral director. deoth resulted from: Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 **EXAMINER'S** Heolth NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) 0 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR Georgia VR A15ME (5) 6M 1/66 Ochanla



MEDICAL EXAMINER'S CENTIFICATE OF DEATH 1263 MEDICAL EXAMINER'S CENTIFICATE OF DEATH 1263 MEDICAL EXAMINER'S CENTIFICATE OF DEATH 1263 MARTIANO 1. PRACE OF BERTY C. COUNTY MARTIANO 1. COUN	10	Items 18-21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 9-26-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
PART DEPT. PARE OF DEATH O. 10 C. 10 O. 1 C. 10 O. 1 O. 10 O. 1 O. 10	EOD STATE	
D. CITY OR IDWN [If online corporate limit.) D. CITY OR IDWN [If on		2002
Tak coma ark SOA Tak coma Carrow Soa Tak coma Carrow Tak coma Tak coma		o. COUNTY A A -
Decrease of the part of the pa	2 t	h CITY OP TOWN (If outside compate limits I CITY OP TOWN (If outside compate limits with PURA) and give proceedings
Decrease of the part of the pa	E G E	write RURAL and give nearest rown)
Decrease of the part of the pa	P. P	d. NAME OF HOSPITAL OR INSTITUTION (14 not in hospital give street oddress) d. STREFT ADDRESS l.e. IS RESIDENCE
Decrease of the part of the pa	T = S = 71	ON A FARM?
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	oth.	3. NAME OF First Middle Lost 4. DATE Month Doy Year
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	the de	(Type or print) Paul Leslie Kelley DEATH 9 / 1967
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	long of the	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	urs of 18 ce of the south	Male White Whoked 12-22-19 49 yis.
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	hoo Offin	during most of working life even if retired) INDICTY2
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	er's ges affe	13 FATHER'S NAME 14 MOTHER'S NAME 14 MOTHER'S NAME
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner death signature	ithir enci amin a po ours	
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	d w in p Exc	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address X. PK. Md.
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	cute ng" dicol	(Yes no or unknown) (If yes give wor or do tes of service) 218-14-5110 Georgetta B. Kelley 7513-Jackson Ave.
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	exe endi Me t pe t pe	
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	be l'p	1070 1MMEDIATE CAUSE (o) 129174 Barbiturate poisoning
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	ould word he (ial-ti	Control is with the control of harbiturates
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	he v to t bur	rise to immediate couse (a), (b)
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	icate ng talah ded ded as a	storing the underlying couse
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	writi ware ware	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	nis on the form	AF NO -
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	d be	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) PRIMARY ☑ or CONTRIBUTING ☐
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) 22. Date SIGNED, Address (Street, city, town, or county), Signature, Signature	NER cer houl iles. sho	
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) John G. Ball 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Address (Street, city, town, or county) 230. BURIAL (REMATION, Ball) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 247. FUNERA DIRECTOR AT EACH BANCARILE SUBJECT OF A SUBJEC	AMIII the the the the the the the the the the	3:0 dour am. Sept 1 1967 While Not While the street of foctory, street, office bldg, etc.) TakomaPark Montg. Md.
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) John G. Ball 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Address (Street, city, town, or county) 230. BURIAL (REMATION, Ball) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 247. FUNERA DIRECTOR AT EACH BANCARILE SUBJECT OF A SUBJEC	EX Scute Page R: Pa	
DEPUTY MEDICAL EXAMINER A PART S NAME (Type) John G. Ball 230. BURIAL, CREMATION, Bremoval/Specify) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 79. FUNDA DIRECTOR AT EACH BANCAGE SUBJECT OF THE PART SIGNATURE DEPUTY MEDICAL EXAMINER A Address (Street, city, town, or county) 230. BURIAL, CREMATION, Bremoval/Specify) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 79. FUNDA DIRECTOR AT EACH BANCAGE SUBJECT OF THE PART SIGNATURE	CAL exe exe croi urial	
DEPUTY MEDICAL EXAMINER A PAGE STANDARY SIGNATURE EXAMINER'S NAME (Type) John G. Ball 230. BURIAL, CREMATION, BREMOVAL(Specify) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 270. FUNDER DIRECTOR AT EACH BANGE SUGNATURE DEPUTY MEDICAL EXAMINER A Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) (Stote) Removal (Specify) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 270. FUNDER DIRECTOR AT EACH BANGE SUGNATURE DEPUTY MEDICAL EXAMINER A 271. County Medical Examiner A Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) Sept. 7, 1967 Baltimore National Cemetery Baltimore, Maryland 271. FUNDER DIRECTOR AT EACH BANGE SUGNATURE	NED NED In section of the property of the prop	
Durial Dept. 1, 1901 Saltimore National Cemetery Saltimore, Maryland 20. FUNDA DIRECTOR I LANGUAGE SU 34 ADDRESS GIA ALIENNE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	<u> </u>	ACCISTANT AIGHT AT THE STOTE OF
Durial Dept. 1, 1901 Saltimore National Cemetery Saltimore, Maryland 20. FUNDA DIRECTOR I LANGUAGE SU 34 ADDRESS GIA ALIENNE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	SSON Unell NER	NAME (Type) John G. Rall Address (Street, city, town, or county)
Durial Dept. 1, 1901 Saltimore National Cemetery Saltimore, Maryland 20. FUNDA DIRECTOR I LANGUAGE SU 34 ADDRESS GIA ALIENNE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	he f mo Ful	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	5	
Marner E. Pumphrey, Inc. Silver Spring, Md. DATESEP 8 1961 Milliander Yuga	VR A15ME (5)	
	6M 1/67	warner (. Pumphrey, Inc. Silver Spring, Md. DATESEP 8 1964 Millionla Vuga

and the first of the control of the A THE PARTY AND A STATE OF THE PARTY OF THE Lessie Karley - Planguerit - Penny The state of the s the state of the s A LANGUAGE AND A STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages—I and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in apy event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

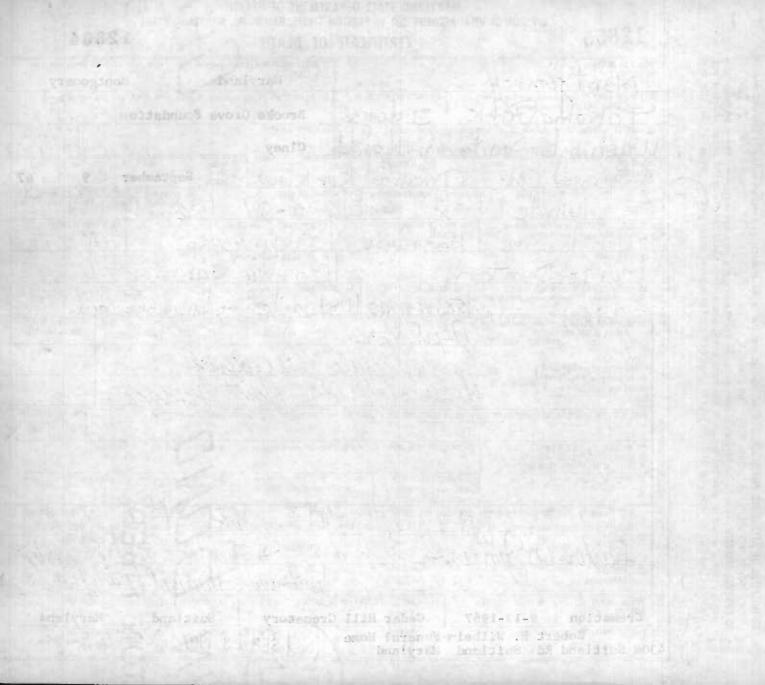
19662

	-10000		CEKI	IFICALE	OF DEATH			1001	772
	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (lived, if institut	an: Residence	befare admission)
	Man 196	mpry	N	ARYLAND	d. SIAIE Mary	land	b. cool	Montg	omery
	b. CITY OR TOWN (If autside cor write RURAL and give neares	rporate limits,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If at	utside carporate	limits, write RUF	AL and give n	eorest town)
	Takapha	NOVK		245	Brooke	Grove I	Coundati	on	151
1	d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospite	al, give street address)	(11)	d. STREET ADDRESS	4			e. IS RESIDENCE
	Washingto	in Janita	cium do	19616	Olney				ON A FARM? YES NO [
	NAME OF DECEASED	First	Middle	101	Last	4. DATE	Mant		Day Year
	(Type ar print) MY50	Cida (mana	la K	prKow	DEATH	Septemb	er	9 19 67
\$.	SEX 6. COLOR C	OR RACE 7. MARRIE	ED NEVER MAR	RIED E	B. DATE OF BIRTH	9.	AGE (In years Last birthdoy)	Months D	EAR IF UNDER 24 HE
K	+ Whi	ite widowi	ED 🔯 DIVOR	RCED [0-12-81	1 9	Yrs.	Moltilis	bys nauts mir
	. USUAL OCCUPATION (Give kind o		. KIND OF BUSINESS OF	2	11. BIRTHPLACE (County	& Stote, or forei	gn country)		EN OF WHAT
dur	ing mast af warking life even if re	m P	INDUSTRY WI	9	nehr	USK	CI	COUN	1873 F
13.	EATHER'S NAME	1		J	14. MOTHER'S MAIDEN	NAME	1		
1	trovan I	Dontar		7.75	(Oarri	e Ja	1 mo	1	~
	WAS DECEASED EVER IN U.S. ARM		16. SOCIAL SECURITY NO	0. 17. 1	NFORMANT	- 1	Addre	ss Taker	no Bukh
(Ye	es, ña, or unknown) (If yes give w	vor or dotes of service)	566-16-671	22 Un	shing ton.	Sanita	William - V	PCOVI	09.17.11
	1B. CAUSE OF DEATH (Enter of	anly one cause per line	(a), (b), and (c),)	7.1000	3	-411-19	2 1011	0001	INTERVAL BETWEEN
	PART I. DEATH WAS CAUS	SED BY:	LADINAY	13	U			A TOTAL	ONSET AND DEATH
	4200 IMMEL	DIATE CAUSE (a)	1	1	1	1	1		
	Canditions, if ony, which gave	/1/	11400/10-11-11	181180	y (4. PPL	Nerix			
	rise ta immediate cause (a),	DUE TO	1	1	1 /11	>A M			
	stating the underlying cause lost.	(c) (d)	reperior	leray	in Hen	W B	sense	e,	
2	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY
ATIO									PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING		DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I or Part I	1 af item 1B.)	AND 18	
	OR CONTRIBUTING CAUSE OF I								
MEDICAL	20c. TIME OF INJURY Month, I		I. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm	n, 20f.	(City or town)	(Count	y) (State)
MED	Haur 'a.m.		nile Nat While D	facto	ry, street, office bldg., etc.)			
	21. I certify that (t)			ed from	ento 1	967, to	Sept	9 196	that (L) (we) 1
	saw the deceased al		9 1967	, and that	death accurred at			and on the	dote stated abo
	220. SIGNATURE /	000	- (1.00			SIGNED
	Button	Vi Johns	120)	M.D	ATTENDING PHYS.	MED. DIRECTOR] STAFF PHYS.	1207	19,1567
	22c. PHYSICIAN'S	1 Janour	Se C		23d. ADDRESS	1 1/2	0. 0		Dille
	NAME (Type)				Kurtingvil	10 Me	wical!	enver	Kustonsville
230		Bb. DATE THEREOF	23c. NAME OF C	EMETERY OR O	REMATORY	23d. LOCA	ATION (City or Tox	vn) (Co	ounty) (State)
	Cremation	9-12-1967	Cedar	Hill	Crematory	11 11 11 11 11	itland	,	ryland
24	FUNERAL DIRECTOR Ober				25o. REC'I	D BY REGISTRA	25b_RF	GISTRAR'S SIGN	
43	308 Suitland Ro	d Suitland			SEP	1 3 19	01 /100	cartes	Judges

VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL



12656

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12665

ONDER HOUSE IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) DETO CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CO	
10 mm	
- FIRST GOMESTO	
write PUPAL and give paggest town	C. CIT OK TOWN (II outside corporate minis, while Kokar ond give hearest town)
	ON A FARM?
DECEASED	
The state of the s	last histhday) Manthe Days House Min
during most of working lite, even if retired) #NDUSTRY .	COUNTRY?
	771 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	popular Hille J. Stogner
19	
NU 213-56-7481-T M	r. Cecil Kern 1901 Dayton St. S. S. Md
1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	RECURRENT INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ULAR ACCIDENT (THROUGESS) ONSET AND DEATH
	OSIS (NDEFINITE
rise to immediate couse (a),	
storing the underlying couse	
(0)	THE TERMINAL PROTECT CONDITION OR FOUND IN PART 1/2 A C 4/2 I TO WAS AUTODON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
\$ 1051-07 STATUS (12/66), REDUCTION	UINTER-TROCHANTERIC FRACTURE YES NO IT
206. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 1B.)
- LIPTIFIER NUMEY MEDICAL PARMINER	
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL	
Hour o.m. 19 While Not While of work	trory, street, office bidg., etc.)
2) I cartify that (1) (this baseital) attended the decased from	2- / 10 / 6 to 9/2 19/2 that /11 (wa) los
saw the deceased glive an 9/3 10 67 and the	at death accurred at 35 M from rauses and on the date stated above
A last	ATTENDING MED. STAFF
	DI PHYS. L. DIRECTOR L. PHYS. L. 1/3/6/
NAME (Type) /// SPRING STREET	SILVER SPRING, ND 20910
	A CV CK THE T, ATO
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	
Cremation Sept. 5, 1967 9t. Lincol	
24. FUNERAL DIRECTOR	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C. Glen Carter	S.S. Mahre SEP 8 1967 yourse Jugar

28581 The trial of the second of the Sente C. Company See, St. Printed for the Co. S. Pal. Sep. E. 1887 . S. Person, Maryer

MAKTLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12666 12657 CERTIFICATE OF DEATH CH4 death requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission a. COUNTY b. COUNTY ban papers. Pages 1 within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat.in hospitol, give street address) completely filled in e. IS RESIDENCE ON A FARM? YES NO Garban NAME OF Middle 4. DATE Lost Dov Year DECEASED OF (Type or print) 196 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 24 HRS. NEVER MARRIED IF UNDER 1 YEAR ev remove lost birthdoy) Manths Doys Hours Male Uhite
100. USUAL OCCUPATION (Give kind of work dane WIDOWED DIVORCED KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? ease physician and 13. FATHER'S NAME MOTHER'S MAIDEN NAME crematian, or remaval, herman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 7113 Woodlan (Yes, no, ar unknown) (If yes give war ar dates af service) by Jr Tacoma Pk., Md 1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati the PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Canditians, if any, which gove rise ta immediate cause (a). DUE TO far use as the t f Health priar ta b stating the underlying cause this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN, PART 11a) 19. WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) be retained by the haspital be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY/(Home, farm, 20f. (City ar tawn) (County) (State) Hour a.m. Not While foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work (this hospital) attended the deceased from 21. I certify that (A) director, page 3 shauld shauld be filed with the and that death occurred at 73 M, fram causes and on the date stated above. saw the deceased alive ah 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) e mussu aiv 24 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

		44	
nt exist intervals		287.650	HEART 1823 W.
10 TO	20.5 3 T	×	37.4117 37.442 12.
	The state of the s		
e de la companya de l			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12658 12667 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death by the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE Montgomery Maruland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) year 5 Mo. Silver Spring Kensinaton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? physician and campletely filled in ensinaton Gardens Nursina Home 8109 Fenton Street NO RO NAME OF Middle DATE Last Month First Day Year carban DECEASED OF DEATH September 19 67 MING. Kilgore 24 (Type ar print) S. , SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED remave o lost birthday) White Davs Haurs emale Dec. 15. 1878 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY please Pennsylvania Dwn Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Siders Mary 17. INFORMANT Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates af service) 215-50-1784 3. Kilgore-10101 Phoebe Lane, Adelphi 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO K ATTENDING PHYSICIAN: for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark be retained by 21. I certify that (I) (this haspital) attended the deceased fram 196 (that (i) (we) last and that death accurred at 1225 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22g. SIGNATURE K M.D. PHYS. DIRECTOR PHYS page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Camp Hill. Pennsylvania Rolling Creek Cemetery 2Sa. REC'D BY REGISTRAR VR A15 (4) Carte 20 M 1/66 Pumphrey.

12887			6.012
Mussell A			4 11 0 12 10
	er. Enverage son is a sen	2.30	Name of the last
	tracts assert 2017	2907 128	and Such Carter Section
75	abatana in a santa	×	
	30 21,21,000	X	eache fraits
	1	pur conti	a should
	40 40		Kanhili irin
	South Wildensenster . The South		
ę			
e ę			
6			
ę			
ę			O PA
ę			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12668

1	9	C	E	0	
-6	ho	0	J	3	

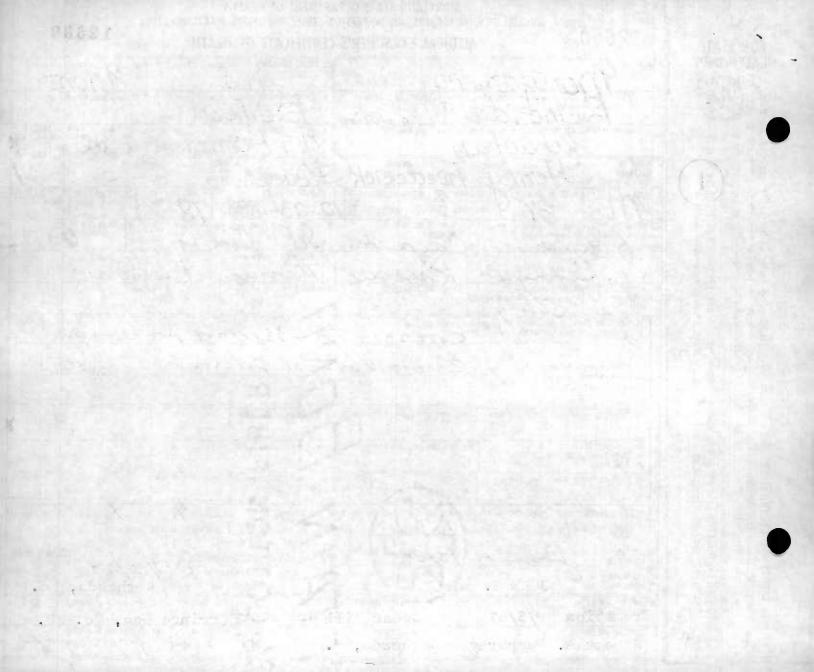
CERTIFICATE OF DEATH

	THOUGH							
	ACE OF DEATH				Where deceosed lived, if institu		before admission	on)
0.	COUNTY	4 5 4 5	MARYLAND	a. STATE	C . b. (0)	UNTY		1
	CITY OR TOWN Of outside	corndrate limits	c. LENGTH OF STAY IN 1b		utside corparate limits, write R	IRAL and give i	negrest town)	V
	write RURAL and give ne	arest town)	C. ELNOW OF SIND IN 18	1	1 - 1	OKAL dila give i	1107 Z	
	TAKoma	PARK		WAShin			47,0	FILE
d.	NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital	, give street address)	d. STREET ADDRESS	d Apt	302	e. IS RESID ON A FA	DENCE ARM?
n)Ashington	Smitreium	è Hospital	1401 Ogle	thorpe St 1	1.W.		NO 🔽
	AME OF CEASED	First	Middle	Last 0	4. DATE Mo	nth	Day Yea	or .
	pe or print) + b	Aham	Nmn	Kreuter	DEATH 9	-28	19	67
S. SEX		OR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1)		
1	m CA	mc WIDOWE	DIVORCED	1-11-01	last birthday)	Manths [Days Haurs	Min.
	SUAL OCCUPATION (Give ki		KIND OF BUSINESS OR		& Stote, ar foreign country)		EN OF WHAT	
during	most of working life, even	if retired)	INDUSTRY HEW	Piland			NTRY?	
13 F	ATHER'S NAME	106	Dt - HCO.	14. MOTHER'S MAIDEN	NAME	1 / 1 / 1	KEIC	
101 11		0 12	1			1 .		
10 14	Signum	d Kreu		Esthe			1	_
(Yes, 1	VAS DECEASID EVER IN U.S., na, ar unknawn) (If yes gi	ve war or dates of service)		INFORMANT	Add	ress		
	No	(62-05-3567	Patient	's Chart			
		ter anly ane cause per line f	or (a), (b), and (c).)	Λ	11		INTERVAL BET	
	PART I. DEATH WAS (MEDIATE CAUSE (a)	Cute (1"	Mona	y Ede		ONSET AND D	EATH
	420.1	DUE TO A			X 1			
	anditians, if any, which g		u real	- Q. l.	ntacte	2		
	ise ta immediate cause	(a), (DUE TO						
	toting the underlying co ast.	(c)	5 5 6 1 4 1					
			TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NOTION CIVEN IN DART 1/2)		119. WAS AUTO)DCV
NO	AKT II. UTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	O O O	THE TERMINAL DISEASE CO	NUITION GIVEN IN PART 1(0)	0	PERFORM	ED?
3_	Juis	man	ende	· su	ispecta	el .	YES	NO
	Oo. ACCIDENT WAS UNDERL' OR CONTRIBUTING (**) CAUSE	YING D	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Nort II of item 18.)			
	IF EITHER, NOTIFY MEDICAL							
MEDICAL	Oc. TIME OF INJURY Man	,/,		ACE OF INJURY (Hame, farr		(Coun	ty) (State)
ME	Haur 'a.m. p.m.	19 Wh		tory, street, affice bldg., etc.)			
			nded the deceased from_	9-4	19 67 to 9-	18 196	That (I) (v	wa) las
	saw the deceased	dive on 0 -	25 19 6, grid the	at death occurred at	Die M from rouses	and on the	date stated	ohove
-	220. SIGNATURE	alive on	// 0, 410 1110		m, train cooses	22b. DAT		00010
	Bell	ent B. (in ham m	.D. PHYS.	MED. STAFF DIRECTOR PHYS. C	7 9-	78-	6-
-	22c. PHYSICIAN'S			22d. ADDRESS	DIRECTOR LA PHIS. C		_ 0	
		ilbert B. Cus	hner		WRW Ham	ShIV	e AV	16.
22						0		1-1-1
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or T	,	,,	tate)
	REMOVAL(Specifγ)	9-29-1967	Beth David (Elmont, L.			
24.	FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIG		
Gol	dhara Funa	107 Home 421	7 Oth Street M	TAT DATE C	T 2 1967 &	Maria	Judge	an .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Page shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs af

con the gall and the second of DESCRIPTION OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12669 12660 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY MARYLAND delay LENGTH OF STAY IN 1b corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL e. IS RESIDENCE INSTITUTION (If not in hospital, give street address) farwarded to the Chief Medical Examiner's Office along with form ON A FARM? be executed within 24 hours ofter death. I' pending" in pencil in Item 18. Give Poges 3. NAME OF DECEASED the OF DEATH (Type or print) IF UNDER I YEAR 6. COLOR_OR RACE MARRIED AGE (In years IF LINDER 24 HRS NEVER MARRIED Jostybirthdoy) Months WIDOWED DIVORCED within 72 hours after death YIS. 10b. KIND OF BUSINESS OR 100. USUAL OCCUPATION (Give kind of work done DIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 HUDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 (Yes, no or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one dause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Foronary Insufficiency Acuteburial-transit ONSED AND DEATH event IMMEDIATE CAUSE (o) This certificate shauld writing the word DUE TO Cardio Vascular Disease. any Years Conditions, if ony, which gove rise to immediate couse (a). = DUF TO stoting the underlying couse pup last OS be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar remaval, CERTIFICATION please execute the certificate, NO should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X and in my apinian may be retained far FUNERAL DIRECTOR: Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER pridr SIGNATURE M.D. O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. Health BALL ethesda, Md. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) 0 Creway Al Specifon 9/5/67 Cedar Hill Crematory Prince Geo. Co. ADDRESS 24. FUNERAL DIRECTOR 250. RECD BY REGISTRAR VR A15ME (S Robert A. Pumphrev Bethesda.Md. DATE 6M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) h. COUNTY in by the fig. Pages 1 after Marvland b. CITY OR TOWN (If outside corporate limits, Montgomerv MARYLAND c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL and give nearest town) hours Kensington vears Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 3005 Edgewood Rd. 3005 Edgewood Rd. ND X executed within remove carbon any event, with 3. NAME DE First Middle Last Month Day DECEASED S. George DEATH 19 (Type or print) 67 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED Jan. Oriental WIDDWED Male and in 10a. USUAL OCC UPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT 10b, KIND DF BUSINESS DR attending physician rmit. Then please r death certificate be INDUSTRY COUNTRY? Tokyo. Japan Printer or removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Shobel Kushida Unknown 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SDCIAL SECURITY ND. 17. INFORMANT Address this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or i Same as Item 2. Hazel Kushida 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Severe Malnutrition DUE TD (Primary *Lower Esophagus) Conditions, if any, which Carcinomatosis (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTDPSY PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES ND IN OR ATTENDING PHYSICIAN: be retained by the hospital 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DIRECTOR: After this ce age 3 should be detached with the State Dept. MEDICAL TIME DF INJURY Month, Day, Year (State) 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from August . 19 67 to Sent: 13 19.67. that (!) (we) last saw the deceased alive on Sent and that death occurred at ____M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed w STAFF PHYS. Sept 13, 1967 Page 4 may t TO FUNERAL PHYSICIAN'S 1.000 Old Geppgetown Road NAME (Type) T. Thibadeau Robert Marrinad 23d, LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rockville. Maryland 9-16-67 Parklawn Cemetery urla 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

. No segment to be made Entental, Present The first terminal and the second of the sec

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12662 12671 CERTIFICATE OF DEATH death. law requires that the deoth certificate be executed within 24 haurs after deoth ly filled in by the funeral con popers. Poges 1 and within 72 haurs ofter death 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY Tontgomery MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) month d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? tarium NO N 3. NAME OF ond completely f Hod Middle Year DECEASED (Type or print) OF OEATH 1965 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIEO last birthday) Months Haurs White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT = during most at warking life, even if retired) INDUSTRY COUNTRY? physicion Store Owner 13. FATHER'S NAME MOTHER'S MAIDEN NAME buriol, cremation, or removal, attending phy: INBINDER hecca Bethesda, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 6300 CARNEGIE Joyce K. TROSHINSKY 1B. CAUSE OF DEATH (Enter only one couse per line for 16), (b), ood (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by OUF TO leen sacrum Conditions, if any, which gove rise to immediate cause (a), OUE TO stating the underlying cause d far use as the of Heolth priar to has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO by the hospital or this certificate 20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased fram. be retained 3 should with the and that death occurred at saw the deceased alive an. fram duses and an the date stated above 22a SIGNATHE M.D. DIRECTOR be filed 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, g 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION DATE THEREOF LOCATION (Gity or Town) (County) (Stote) Burual (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 3501-144

Tribe - Son Harris - State | The State | But Acknowledge A THE RESERVE TO A STATE OF THE PARTY OF THE NEW YORK OF THE STREET, STREET The state of the s Set Visit St. Compath Visit St.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12663 CERTIFICATE OF DEATH 12672 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 24 hours after dea Montgomery o. COUNTY o. STATE Maryland b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carporate limits, write RURAL and give negrest town) ician and completely filled in by the lease remave carbon papers. Pagand in any event within 72 hours en Years Glen Echo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Buttonwood Lane Buttonwood Lane YES 🗍 NO TO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Doy Year DECEASED 2 28 (Type or print) DEATH 1967 6. COLOR OR RACE 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9. AGE (In years **NEVER MARRIED** birthdoy) Months Doys Hours Sept.25. White Female 1873 WIDOWED E DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? physician Mexico Artist Mexico 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remayal, attending phy Francisco Raymundo Augustina Aquilar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son Address Same (Yes, no, or unknown) (If yes give wor or dotes of service as Item 2. 559-70-7883U1 Milic Kybal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit CONST AND DEATH IMMEDIATE CAUSE (o) signed by 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician. DUE TO Pyeloneyhritis burial Conditions, if ony, which gove rise to immediate couse (a). DUE TO has been s ise as the k th priar ta b stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Health ! NO A certificate o 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: After of work 21. I certify that (1) (this haspital) attended the deceased fram. deceased fram Sextende 1955 to. 1967, and that death accurred at 45 M. 1967, that (I) (we) last saw the deceased alive on. AM, fram couses and an the date stated abave 220 SIGNATURE 22b. DAJE SIGNED M.D. DIRECTOR director, page 3 should be filed PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 322 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 9-29-67 Gate of Heaven Cem. Silver Spring, Maryland 0 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) PUMPHREY. Bethesda, Maryland DAGCT 1967 25M 1/67

man f Sespentania 4 4360 mm REAL PROPERTY OF THE PROPERTY Carried Street Michael Page 81 - Washington CONT WE SENT 111000 6HE character Prolone 1.2 40475 Outer that went verse 30 1 cm to 2009 9/20 6 73 72/ x 2/2-2/67 Jall Legal JANK P. Segal Fire Cour Rue Mallan de - Wind the state of the state o

MARYLAND STATE DEPARTMENT OF HEALTH 12664 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12673 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY New York Montgomerv MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h. c. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town) New York Bethesda 136 days signed by the attending physician and completely filled in burial-transit permit. Then please remave carban pagets, burial, crematian, or removal, and in any event, within 72 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? The Clinical Center, Bethesda, Maryland 14 Monroe Street YES NO X 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED (Type or print) Argie (NMN) 21 19 67 Lagouras September DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 6. COLDR OR RACE 8. DATE DF BIRTH 7. MARRIED NEVER MARRIED X lost birthdoy) Months White WIDOWED DIVORCED 29 August 1939 Female 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? Secretary Banking USA Greece 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Michael Lagouras Patra Chakides 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recordsess 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 059-32-0511 The Clinical Center, Bethesda, Maryland No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Bilateral bronchopneumonia, terminal aspiration (b) Malignant carcinoid syndrome with extensive Conditions, if ony, which gave 18 months rise to immediate couse (o), metastatic involvement DUE TO stoting the underlying couse as the priar tal TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTDPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from May 8, 1967, to September 1967, that (1) (we) last saw the deceased alive an September 21967, and that death accurred at 10:10h, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED X 22 Sept. 1967 directar, page 3 shauld be filed v M.D. PHYS. PHYS. DIRECTOR PHYSICIAN'S The Clinical Center, National NAME (Type) Robert I. Keimowitz, MD Institutes of Health, Bethesda, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) Hooch VR A15 (4) 25M 1/67

51981 the second of the second second STATE OF SELECTION OF THE SELECTION OF T

1 12665

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12674

death	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admissi	an)
funeral funeral fer deat	a. COUNTY protection of the same has	CLAND 11 d b. COUNTY	
fter the feet	b. CITY OR TOWN (If aditside carparate lights, c. LENGTH OF STAY		
s afte the f ages rs afte	write RURAL and give neerest town)		
haurs aft by the s. Pages haurs af	Takoma Park 16 hr.	Takoma Park, md. 13	-/
in in 2 tr	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESI	DENCE ARM?
requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 5 burial, cremation, ar remaval, and in any event, within 72 haurs after death	Lashington Janitarium & Hospito	L 1520 Maple Ave. YES	NO V
with with	3. NAME OF Middle	Last 4. DATE Manth Doy Ye	ar
ed v plete	(Type or print) Ruth Amana		67
\$ £ \$	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE		R 24 HRS.
xec nav	F WIDOWED DIVORCE	last birthday) Manths Doys Haurs	Min.
ate be exe ician and a lease rema and in any	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11 PIRTUPLACE (County & State or foreign country) 12 CITIZEN OF WHAT	
an use	during mast of warking life, even if retired) INDUSTRY	Md COUNTRY?	
sicio pleo pleo ar	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ertificate be physician c nen please saval, and is	81 1		
The The	George Negle	? Winters	
t di t	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service)	17. INFORMANT Address	
attending permit. The	NO 36-17	Hosp. Record	
that the death certifician. by the attending phys transit permit. Then p cremation, ar remaval,	1B. CAUSE OF DEATH (Enter only ane cause per line fgr (a), (b), and (c).)	INTERVAL BEI	TWEEN
quires that the physician. signed by the burial-transit the burial, cremati	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WYOCA	dial Infantion ONSET AND I	DEATH
tha by tran crer	4 201 DUE TO	1,01	
equires the physician signed by burial-traphyrial burial creption of the physician of the p	Canditians, if any, which gave) (b)	10 ho	ures
phy phy sign bur bur	rise to immediate cause (a),		
law re nding been s the iar to	stoting the underlying couse DUE TO		
e law tendin is beei as th		The Mac Nit	Open
YSICIAN: The law raspital ar attending certificate has been hed far use as the bt. af Health priar to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	I PERFORM	IED?
- = = = J	8 High Dlood I re	Per YES [NO 🔼
PHYSICIAN e haspital centifications certificated far	20d, ACCIDENT WAS UNDERLYING 20d, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH (SE ETITLE DUTY OF MEDICAL PERMANEN)	CCURRED. (Enter nature af injury in Port I ar Part II af item 18.)	, ,
HYSICIAN haspital s certifica ached fai			
S PHYSIC the haspi this certi detached e Dept. al	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While Nat While		(Stote)
S PH the h this this detac	Hour a.m. While Nat While at work	factory, street, affice bldg., etc.)	
by the the be de State I	21. I certify that (1) (this haspita) attended the deceased	from 9 / 14 10 67 to 9/35 10/2/ that (1)	wal last
		tram 7 7 7 , 1967, ta 7 7 3 7, that (1) (and that death accurred at 10:10 AM, from causes and an the date states	we) last
AL OR ATTENI y be retained L DIRECTOR: / age 3 should filed with the	22a. SIGNATURE	22b. DATE SIGNED /	dbuve.
OR AT	220. SIGNATURE	ATTENDING MED. STAFF	7
De be	m. plysistars	M.D. PHYS. DIRECTOR PHYS. DI 9/25/6	/
may be RAL DII	22c. PHYSICIÁN'S A Lan R. Gair		M:
		1 D 17777 Maple Ave Jakonna Jark	MA
Page 4 I	DEMOVAL (Cassifu)		State)
0000	REMOVAL (Specify) 9/28/1967 Druid Ri	dge Cemetery Bikesville, Md.	
1/1/1	24. FUNERAL DIRECTOR ADDRESS-	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4)	Wind I come some worter !	Pac, DATSEP 27 1967 Thomas June 1967	10
<i>II</i>	111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		

BEST PARTIES THE COUNTY AS A SHOP OF THE PARTY OF THE PAR 10 /20/2007 Library Library Construction (10 /20/20)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #4 Film #C393 10/23/67 ph. 12666 12675 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral ages 1 and rs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MONTGOMERY Maryland Montgomery MARYLAND CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) van papers. Pag within 72 haurs Silver Spring Rockville filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4501 Grenoble Court NO IX NAME OF carban First Middle Last 4. DATE Doy Year DECEASED (Type or print) 196 DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE Wh years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) Ξ physician c during most of working life, even if retired) INDUSTRY OUNTRY? AROLIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winifred R. Lancaster Lottie Hudgins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates af service) Anita L. Lancaster- wife - same item #2 5 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: **ONSET AND DEATH** IMMEDIATE CAUSE (a) attending physician. DUE TO signed Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse SD WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Health NO this certificate be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceosed from Ment - 2-3 19.24 that (1) (we) last 196 saw the deceased alive an Diet 24 1967, and that death accurred at 7 4/MM, fram causes and on the date stated above. 22a. SIGNATURE 22b. , DATE SIGNED STAFF PHYS. filed M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1NO, M. SILVER SPRINGS YO director, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Tawn) (County) (Stote) Md. TO REMOVAL (Specify) Rockwille Montg. Parklawn

uneral Home

VR A15 (4) 25M 1/67 2Sa. REC'D BY REGISTRAR

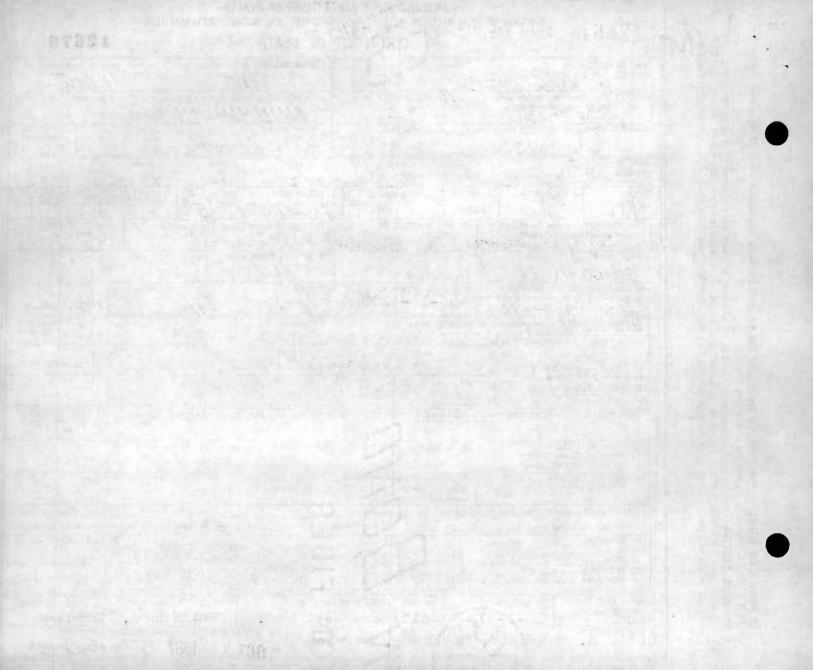
Mar Dalfan

2Sb. REGISTRAR'S SIGNATURE

1867

charge of the way of the state of N3 - 3 - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 1 State of the late of the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c Film #G393 10/19/67 ph CERTIFICATE 12676 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 aurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYI AND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) Wheaton d. NAME OF HOSPITALOR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 YES NO X carbon 3. NAME OF Middle DATE Lost Month Doy Year completely DECEASED event (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In veors IF UNDER 24 HRS NEVER MARRIED birthday) Manths Hours Days and in any WIDOWED DIVORCED ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) doling most of working life, even if retired) COUNTRY? physician SSOULL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, ones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, np. or unknown) (If yes give war or dates of service) 486-16-4100 1942-1956 crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. ò DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse State Dept. of Health priar ta has been the lost. QS D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (County) 20d. INJURY OCCURRED (City or town) (Stote) FUNERAL DIRECTOR: After this Hour o.m. While Not While foctory, street, office bldg., etc.) ot work at work to Sept 28 21. I certify that (1) (this hospital) attended the deceased from 5 . 190 /, that (1) (we) lost Selet 27 19 67 and that death occurred at 12:50 M, from couses and on the date stated above sow the deceosed olive on_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ance colimo. PHYS director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS JAMESON PATRICK NAME (Type) (86corg 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore Natl Cem. Baltimore, Maryland 10-2-67 Burlal 9 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 \$32668 12677 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALT HIDERT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o, COUNTY MARYLAND mamur delay c. CITY OR TOWN (If outside carporate limits, write RURAL and ove nearest town) land 2 with the State Departmen OR TOWN (Woutside corporate lim c. LENGTH OF STAY IN 1b pup write BUBAL and give nearest tawn) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give e. IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with farm in Item 18. Give Pages NO DY 24 hours after death. NAME OF DECEASED OF DEATH (Type or print) birthday) Months Days DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life even if retired) any event within 72 haurs aft pencil be executed within 13. FATHER'S NAME 14. MOTHER'S MAID! 15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, Tunknawn) (If yes give way or dates of service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND BEATH This certificate shauld writing the ward DUE TO Conditions, if any, which gave rise to immediate cause (o), farwarded ta DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? remaval PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I 20a. EXTERNAL CAUSE WAS PRIMARY (2) or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. 3 shauld JD. need in Proor window of station Wagon crematian, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory street, office bldg., etc.) While Nat While may be retained far yaur FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X ond in my opinion deoth resulted from: Notural couses Accident X Undetermined monner Suicide . Homicide [CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 9-27-67 Gate of Heaven Cem. Silver Spring, Maryland Buria. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME PUMPHREY, Bethesda, Maryland DATESEP

0028E Mercan Course of the State of t Dill Buckener Thecker The come promoser dr. Barthalomeralcher CH Frakerylm P.C. 24H 2 Cardens Edward Lapan Lemen 6414 Crease Versen the terms of the second . con area - loughts The second state of the second se

12669

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12678

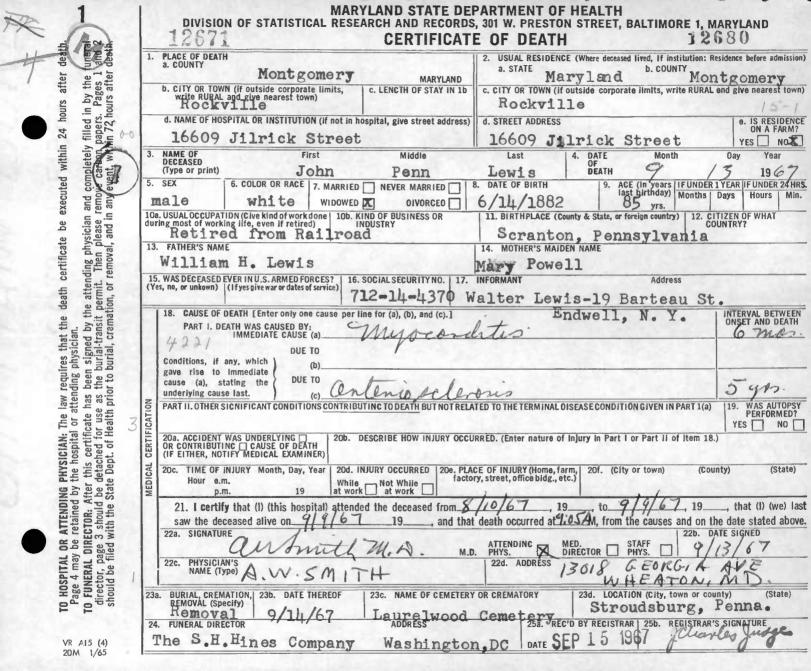
	_						
A	1.	PLACE OF DEATH			here deceosed lived, if institutio		n)
11)	1	MONTGOMERY BETH	ES da MARYLAND	O. STATE MAI	24/ANT b. COUNT	MONT96AE	PV
	*	b. CITY OR TOWN (If outside cornorate limits	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporote limits, write RURA		-/-
		write RURAL and give nearest town)	any.	Poole:	11 0	roll 15	/
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give s	treet oddress	d. STREET ADDRESS	sollie na	e. IS RESID	FNCF
90				d. Sincer Appress		ON A FA	RM?
10		RESMOR SANITARIAM K		10,			NO L
		NAME OF First DECEASED	Middle	last	4. DATE Month	Doy Yea	1 .
1		(Type or print) HIDERT		LEITH	DEATH Dep	r 5 196	
	5.	6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours	Min.
	1	MIAIE WIDOWED	DIVORCED	UPRI/30,18	84 83 yrs.	00,5	
253	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND 0 ing most of working life, even if retired) INDUST	F BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT	
	uui		RMER	Varcini	461	COUNTRY?	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA			
		Henry Leith		Jan nio	, Loith		
	15.	WAS DECEASED EVER IN/U.S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. I	INFORMANT	Address	1 1	
	(Ye	WAS DECEASED EVER IND.S. ARMED FORCES? 16. SOCIA 16. SOCIA 16. SOCIA 17. Social 18. Social 19. Soci	6-3112 0	t: 2000	IL RO.	le No	
		1B. CAUSE OF DEATH (Enter only one couse per line for (o),		wenter pre	No Tool	INTERVAL BETV	AVEEN
		PART I. DEATH WAS CAUSED BY:	b), ond (c).)	. Car Col	laha	ONSET AND DI	EATH
		IMMEDIATE CAUSE (o)	renovasc	were co	The same	few aus	uz
		Conditions, if ony, which gove	1. a	0. 0.1		march	0
		rise to immediate couse (a)	monary	emoon	m	- securate	eun
		stoting the underlying couse DUE TO	Cotate (Chang	10 - 1	· many o	10.11
- 1		lost. (c)	warvery	y parons au	of theselver	7	acys.
0	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(0)	19. WAS AUTO PERFORME	
2	IFICATION	Wohl responator in	pecular, y	meralised	arterior		NO D
1	TIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIB	HOW INJURY OCCUPATED.	(Enter noture of injury in Po	ort I or Port II of item 1B.)		
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
100	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY		CE OF INJURY (Home, form,	20f. (City or town)	(County) (S	Stote)
	MED	Hour o.m. While nt work	Not While of work	ory, street, office bldg., etc.)			
440		21. I certify that (I) (this hospital) attended		Tue 17 10	6) to Sept 5		lact
		saw the deceased alive an aug 3/			M, fram causes a		
1797		220. SIGNATURE	4 . 0	/	, m, man cooses a	22b DATE SIGNED	abave.
C		Herras Ho Wite	well M.	D. PHYS.	MED. STAFF	Sel+5 161	()
		22c. PHYSICIAN'S	Mil.	22d. ADDRESS	TRECTOR LA PINTS. LA	0-17	/
		NAME (Type)					
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23	c. NAME OF CEMETERY OR	CDEMATORY	23d. LOCATION (City or Town	n) (County) (St	ote)
	250	REMOVAL (Specify)	m. 18000		middleha	, , , ,	1
	2.4	FUNERAL DIRECTOR	ADDRESS	LIG DEC'D		STRAR'S SIGNATURE	1a.
1,34	24	111 10 0 11-11	7 11	2 0 250. KELD			arr.
		INVALABLE IN III. IF	15 6	I DATE		401 1. Call	and the same of th

VR A15 (4) 25M 1/67

to want to the property of the property of the second seco Resource described the March and the Total A STATE OF THE STA Standard Comment The second of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12670 CERTIFICATE OF DEATH 12679 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MONT GOMERY mpletely filled in by the fur re carban papers. Pages I went, within 72 haurs after MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SANDY SPRING 1 HOUR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MONTGOMERY GENERAL HOSPITAL 18600 BROOKE ROAD YES X NO NAME OF First Middle 4. DATE Lost Month Day Year campletely DECEASED HAROLD DISNEY 19 67 (Type or print) LETHBRIDGE DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Jost birthdoy) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED represe Months 6-21-12 MALE WHITE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired) INDUSTRY Farm attending physician sermit. Then please MARYLAND FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal. JOHN LETHBRIDGE ANNIE DISNEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEDICAL RECORD DEPT. 217-36-5309 No IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the c burial-transit p INTERVAL BETWEEN IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse has been be detached far use as the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the and that death occurred of 9:30AM, from courses and on the dote stoted above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 9-27-67 M D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MEDICAL CENTER, SANDY SPRING, MD. C. H. LIGON. M. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burtonsville. Maryland Sept. 30, 1967 Burtonsville 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Framis H. Barber Lay tonsville, Md. DATE SEP 29 1967

armer.			
ranion not	OFFICE		Ynamatikan
	BUILDS ACTIVITY	nan Pili yan	
	enna bacon, posti i		angu si Vanyasiya
	and spatial and a	73811 03 th	
	\$1-f2-5		3.1A
	TANK LINES	Sec. C.	AD DAT
	A set a cipila		parental axe.
	THE DESCRIPTION OF STREET	6065-06-172	
A POLICE OF			
		SCHOOL PSE	
140-1-2			
dil , pris			(0) 1 2
box Iyma	e der toneville	O,lyo, Burt navill	Arrial Sept. 3
		. M. editornes ed	AND THE RESIDENCE



0.83.8 March conserv wetemons no! Buckeys Die down to be bellet, condition pride plan Toranton, Pannay Tyen in maked a metalic A PART POSIULL .F. Mandres #1-wined matter OVE-11-SIN . Dime 14 mange buong 4. on indicate visited south a set a set

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 12681 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Maryland Montgomerv MARYLAND f any delay Thecessary, 2, and 3 to the funeral PM3. Page 5 may be ath. b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) 9 Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8315 Brook Lane. 8315 Brook Lane, Apt. NO X YES Stat 3. NAME OF Last DATE Month First Middle DECEASED Martha DEATH Portwood Lewis (Type or print) September 19 2 with within OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS AL EXAMINER: This certificate should be executed within 24 hours after death. If a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 5. SEX 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIEO last birthday) Months Hours White Female WIOOWEO T OIVORCEO X 21. July and a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (Stete or foreign country) COUNTRY? -Federal Government IISA ges 1 Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME in Pa William A. Powell Ida Nave File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Same as Item No 215-46-4935 Norma INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating Ø underlying cause last, ed as burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO T S C or be OESCRIBE HOW INJURY OCCURREO. (Enter neture of Injury in Part 1 or Part 11 of Item 18.) EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should ! agent, pri CAUSE OF DEATH. MEDICAL 20f. (City or town) (County) (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour a.m. Not While et work et work Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion FUNERAL DIRECTOR: Undetermined manner Natural causes Accident Suicide Homicide death resulted from CHIEF MEDICAL EXAMINER your V execute r. Page 4 d for you ASSISTANT MEDICAL EXAMINER SIGNATURE or DEPUTY MEDICAL EXIMINER Address (Street, City, town, or county) director. retained NAME (Type) (State) OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF REMQVAL_(Specify) 0 Maple Grove Cem. 9-22-67 Nicholasville Kentucky Burial 25a. REC'O BY REGISTRAR | 25b. ADORESS FUNERAL OIRECTOR PUMPHREY. Bethesda, Maryland VR A15ME 3500 4-64

A THE RESIDENCE OF THE PARTY OF MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12682 12673 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE b. COUNTY Montgomerv MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) Bethesda (rural l day Valley Lee d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS completely filled in e. IS RESIDENCE papers. ON A FARM? Naval Hospital NO Drayden Road NAME OF remave carban First Middle Last 4. DATE Month Doy Year and in any event, wil DECEASED September 1967 Lewis 16 Walter Roger (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. Days Hours Male Sept. 15, 1967 Cauc WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of wark dane during most of yorking life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Patuxent River, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, attending phys Roger M. Lewis Linda Y. Foard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no a unknown) (If yes give war or dotes of service) N/A Roger M. Lewis, Drayden Rd., Valley Lee, Md signed by the o 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES A NO 20g. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) at work ot work TO FUNERAL DIRECTOR: After 21. I certify that \$4 (this hospital) attended the deceased fram Sept. 15 , 1967, to Sept. 16, 1967, that \$6 (we) lost saw the deceased alive an Sept. 16 19 67, and that death occurred at 9:00M, fram causes and on the date stoted above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. Sept. 18,1967 M.D. DIRECTOR Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S X, LOER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Baltimore National BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) (County)

Baltimore, Maryland 23b. DATE THEREOF

VR A15 (4)

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Road, Baltimore, Maryland

9-20-1967

2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

(State)

	bintyzak			
	Valler Loc : 2009		(Jorun) at	new Section
	Man hear police to		Legieron	Inval 17
	Tention Divat-			
	Bort, U. Ser Lesey		Concl	elieb
	. Delument Mires, Mi.			
	Piews Y sheld		8 inst	. Marino
Validation Less.	Country Control 100.4	A\N		A/M
	CL SeeS TO RI June DOI: C ST AN INSTITUTE TO SEED TO S			
	n gerinal — innital a		of mileaned	

MARYLAND STATE DEPARTMENT OF HEALTH tems 18-21 Film 394 10-31-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12683 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth funeral s 1 and 5 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i Holy Cross Hosp 1401 Bradley Ave. YES NO F NAME OF Middle 4. DATE remove carbon Year completely DECEASED Shawn Preslev Leyda DEATH September ond in any event, (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Male Months Doys Hours Cau 11/17/64 WIDOWED DIVORCED and 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Child attending physicion of termit. Then please during most of working life, even if retired) COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, James H. Leyda. Vivian Brawdy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT James H. Leyda, Jr., Father buriol, cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) or attending physician. pulmomary atelectas DUF TO Conditions, if ony, which gove rise ta immediate cause (o), Unknown Anterstiti stoting the underlying couse prior to b lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) State Dept. of Health Hydrocephalus YES X NO this certificate 2Do. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (State) foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. at _____, to ____, 19___, that (I) (we) lost at _____, M, fram causes and on the date stated obove saw the deceased alive on____ 19 and that death accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. ADDRESS Edmondston Drive, Rock. Md, 22c. PHYSICIAN'S NAME (Type) Frank Mate, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Buz REMOVAL (Specify) 9/27/67 Finleyville Finleyville, Pa. 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Tyson Wheeler Funeral Home

54026 -Almed havelle .ech Modbers Ide lale Cart Table Distriction in Ly 25 حالات ال عالي بده and the state of t . Htt. zh lvzofezele t The second like the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12675

CERTIFICATE OF DEATH

12684

1 DIAC	CE OF BEATH		TI	O DOMAL DECIDENCE OF	M. A. A. B. A. M. S. A. M.	Con Built III him him
	CE OF DEATH OUNTY			o. STATE	vnere deceased lived, it institu b. COU	tian: Residence before admission) NTY
	Montgo	mery	MARYLAND	D.	C.	
b. Cl	TY OR TOWN (If autside corporat write RURAL and give neorest taw	e limits, c. LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RU	RAL and give neorest tawn)
. "	Rockville	"")		Washing	ton D. C.	473
	AME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE
Po	otomac Valley	Nursing Home		3801 Conn	. Ave. N.W.	ON A FARM? YES NO
	AE OF EASED e or print) Dav	First S.	Middle Liepman	Last	4. DATE Mon OF Sep DEATH	
S. SEX	6. COLOR OR RA	CE 7, MARRIED NEV		DATE OF BIRTH Aug. 11, 1	9. AGE (In years lost birthday) 9. AGE (In years yrs.	Manths Doys Haurs M
10o. USU during m	JAL OCCUPATION (Give kind of war nast af warking life, even if retired)	k done 10b. KIND OF BUS INDUSTRY	INESS OR	11. BIRTHPLACE (County New Yo	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY? S. A.
13. FAT	HER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Jules Liepman	n		Hattye	Wineberg	
15. WA (Yes, no.	AS DECEASED EVER IN U.S. ARMED FO 1, ar unknawn) (If yes give wor ar	orces? 16. Social Section dotes of service) 652–12		formant tomac Vall	Addr ey Rest Home	7001ctc1 10 10
rise	nditians, if any, which gave to immediate cause (a), ting the underlying cause	CAUSE (a) Reflux DUE TO (b) Carc DUE TO (c)	inoma	1 the	Ligmoice Ligmoice	onset and death
CATION		matic Nala	ular 1x	earl De	isease	19. WAS AUTOPSY PERFORMED? YES NO
1 111 1	 ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER 	1	W INJURY OCCURRED. (E	nter nature of injury in I	Part I or Part II of item 18.)	
-00	r. TIME OF INJURY Manth, Day, Haur o.m. p.m.	Year 20d. INJURY OCCU		OF INJURY (Home, farm y, street, office bldg., etc.)		(County) (State
	21. I certify that (I) (thi saw the deceased alive	s haspital) attended the a	deceased from	death occurred at	9.5.5, to Sept 4P. M. fram causes	and an the date stated ab
	a. SIGNATURE Seron	nof Tric,	M.D.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
220	NAME TYPE DE TOME	J. Krick)	3071 Ord	way St.' Was	h. D.C.
RE		ot. 29,1967 K	ME OF CEMETERY OR CO	n •	23d. LOCATION (City or To Hawthorne	(County) (State) $N \bullet Y \bullet$
T34 EU	NERAL DIRECTOR ler Fu	neral Home T	BOSE Rocky:	TTIE		EGISTRAR'S SIGNATURE
	ckville, Md.			Pike DARE	23 1567 12	lionly Judges

TO THE PROOF PARTY OF Personal Control of the Control of t In 1 2001 . Et . shart many to the base I to at . A . A CAR OF . ALL SHEET WELL SHEETEN TO THE A STREET . T. C. Die C. d. C. Surger Mary THE SEASON TO THE STREET OF THE Colores | Control of the State of the Color of the Color

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12685 12676 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours ofter death the funeral ages 1 opd rs ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE MONTGOMERY MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) BETHESDA D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled SUBURBAN 8603 BRADMOOR DRIVE within YES NO X NAME OF First Middle Lost 4. DATE Month Year completely DECEASED EDWARD 1967 OWEN LIKENS SEPT 17 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years 1901 clast birthday) 3. and in any WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) during most of working life even if retired)
SELF EMPLOYED U.S.A. KENTUCKY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAL or removol, G.B. LIKENS RUTH COMBS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) MAE MOUNT LIKENS- WIFE SAME buriol, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) REAP buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DHE TO Canditions, if any, which gave BELDON rise to immediate couse (o), DUE TO stoting the underlying couse PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? DR director, page 3 should be detached far use should be filed with the State Dept. of Health NO NO 20o, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) RELEASED 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) (Stote) Haur a.m. Nat While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 931AM, from couses and on the date stated obove. and that death occurred at saw the deceased alive an 226. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS PHYSICIAN'S Silver Page 4 moy Columbia Blvd. NAME (Type) 9241 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Hartford Hartford Cemetery 0 Joseph Gawler's ADRISS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 5130 Wisc. Ave. DATE

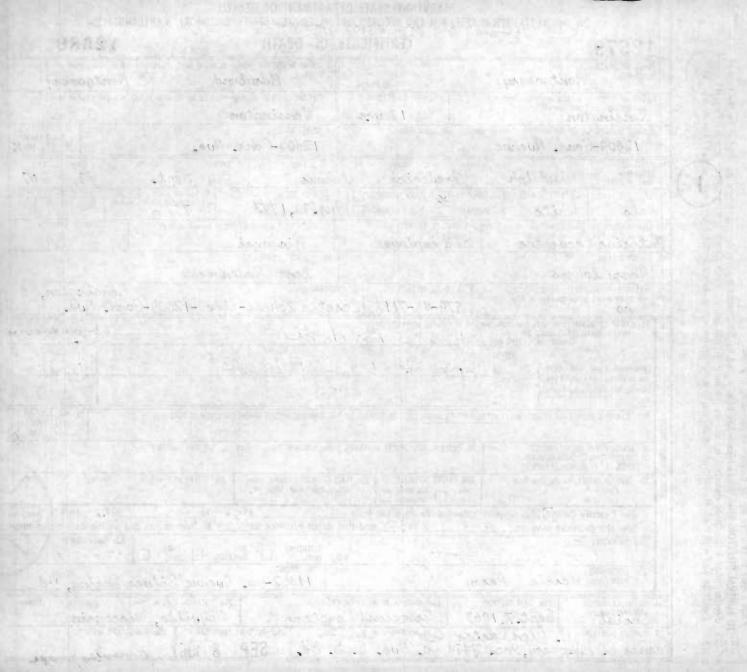
	BAUX FILE			
				THE CONTRACT
		Assistant 16	0 5 - 0	MICHAEL
	19710	Footic Alle Ecol		
		W. NEWLY	The state of	007.5 Ga - 17.5
		a total trails	Control XI See	Maria Maria
			we fits	Graph the
				ogota da
	Beat Sant	Small tend ake		60
34		The sales of	300.55 L	
			47.44	
			Time son	
•	NATIONAL SERVICE			4 b 0
	•			M-M-M hadeal

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12677 CERTIFICATE OF DEATH 12686 requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery a. STATEW. Virginia b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rural RURAL and give negrest town) Kearnevsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Rural Rt. # 28 YES NO 3. NAME OF Middle 4. DATE Manth Year Day C. DECEASED ANNIE EPTEMBER 1967 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. n any eve S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 83 vrs Days Haurs June 8, 1884 DIVORCED 10b. KIND OF BUSINESS OR 1Da, USUAL OCCUPATION (Give kind af wark dane 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician o ease during most of working life, even if retired) INDUSTRY W. Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Haycock Hannah Ellis WAS DECEASED EVER IN U.S. ARMED FORCES? to, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, na, ar unknawn) ((If yes give war ar dates af service) Gladys Dunn- Item # 2 232-74-2726 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 2Df. (City ar tawn) (Caunty) (State) Haur a.m. foctory, street, affice bldg., etc.) Nat While at wark at wark goul , 1967, to Aspit 21. I certify that (I) (this haspital) attended the deceased from_ , 1967, that (I) (we) last should saw the deceased alive on 125 1967, and that death occurred at 250M, from causes and on the date stated above. 22g. SIGNATURE DATE SIGNED M.D. DIRECTOR director, page 3 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) John Fawcett Dawsonsville. Maryland 23a. BURIAL, CREMATION, REMOVAL (Specify) BUTLAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Bakersville Bakersville, Md. A flyeral Director Strider Company Charlestown, W. Va. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 196 20 M 1/66

A 440 8. CAMPAGE PROPERTY. GOVERNMENT SECTION

THE RESERVE OF THE PARTY OF THE 720 404 The same of a contract of the same of the and the first the second of th delicated the second of the se The Late of the La

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 Film #6392 9/13/07 Ph CERTIFICATE OF DEATH 12688 requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the fyneral en please removerations PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montaomery Maryland Montgomery MARYIAND b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Kensington 17 urs Kensinaton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE in 72 l ON A FARM? 12609-Conn. Avenue 00 12609-Conna Avea YES NO K 3. NAME OF Middle Last 4. DATE Month DECEASED Rudolph Frederick Sept vent, Sohaus. 19 67 (Type or print) DEATH IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH AGF (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Manths Aug. 30. 1897 White Male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired)
Interior Decorator Self employed COUNTRY? Missouri 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys Henry Lohaus Hagenberg Lena 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) Address Kensington Md 16. SOCIAL SECURITY NO 17. INFORMANT Loretta Lohaus-wife -12609-Conn. Ave. 579-48-7118 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO tar use as the t Health prior tab stating the underlying cause the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 af item 18.) detached for the details of the deta OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (Stote) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. Not While of work be retained by 21. I certify that (1) (this hospital) attended the deceased from 1966, to 9 1967, that (1) (we) last 1967, and that deoth occurred at 27PM, from couses and on the date stated above. saw the deceosed olive on 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR directar, page shauld be filed TO HOSPITAL O 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) MORRIA 11602-90-Avenue Silver Spring 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) Sept. 7. 1967 Graceland Cemetery Mayville, Wisconsin Charles Claston 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Ga. Ave. S. S. Md. DATESEP Pumphrey . Inc. 8434 8 1961 20 M 1/66 Villagela



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12580

CERTIFICATE OF DEATH

12689

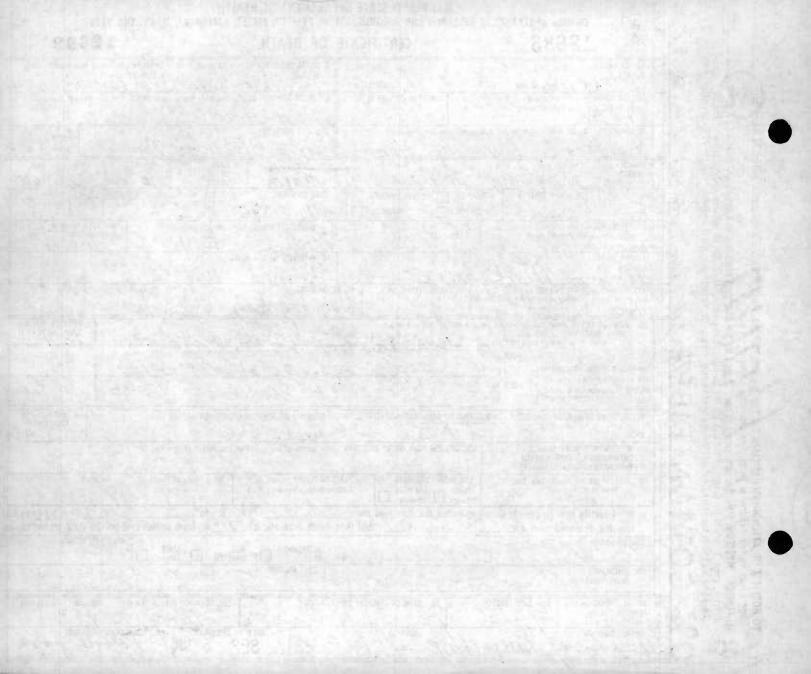
- 2		
de d		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY b. COUNTY
the fundamental street settles	-	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours of the series hours	7	anoma rarn ladays////s V/ashington 4/
illed ir	W	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street codings) OShington Sanitarium +Hospital 2240 Cathedral Ave. V.W. e. IS RESIDENCE ON A FARM? YES \(\sigma \text{ NO } \)
noletely fi carbon vegt with		NAME OF DECEASED (Type or print) ELKa NMN LORBEERBHUM 4. DATE OF DOY YEAR 1967
cample	5.	
that the death certificate be executed within 24 hours after an. by the attending physician and campletely filled in by the furnish permit. Then please remoye carbon papers. Pages Lancematian, ar removal, and in any event, within 72 hours after	du	USUAL OCCUPATION (Give kind of work dane no most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY
physician physician nen please noval, and i		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
h cert ing pl Ther emov	15.	, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address
that the death certific an. by the attending physi transit permit. Then p crematian, ar removal,	N	60, or unknown) (If yes give wor or dotes of service) 578-6608642 HOSpital Records 7600 Carnoll Ave
that the an. by the c ransit per		18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: - ONSET AND DEATH - ONSET AND DEATH
S.E. T.		422/ DUE TO
equire physic signed burial burial		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause ULL TO DUE TO DUE TO DUE TO DUE TO DUE TO
law r nding been s the ior ta		last. (c)
AN: The law rall or attending icate has been for use as the Health prior ta	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dig in Page	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
G PHYS the has this cel detache te Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While of wark of w
NDING ed by th : After tl Id be de te State		21. I certify that (1) (this haspital) attended the deceased fram Sept 7, 1967, to Sept 1967, that (1) (we) last
R ATTEN retained ECTOR: / S shauld with the		saw the deceased alive an SCOT 1967, and that death accurred at 434M, fram causes and an the date stated abave. 220. SIGNATURE 22b. DATE SIGNED
VLOR y be r LDIRE age 3 filed w		of over 8. I william M.D. PHYS. La DIRECTOR LI PHYS. L. JEPT 12/967
PITAI may ERAL zr, pa		NAME (Type) ROBERT K. KRICHMAR MD WASHINGTON DIC 20012
TO HOSPITA Page 4 may TO FUNERAL director, po	230	BURIAL (REMATION, REMOVAL (Specify) REMOVAL (Specify) Burial Sept. 13, 1967 National Capital Hebrew Removal (Specify) Sept. 13, 1967 National Capital Hebrew Hillside, Maryland.
22 P VR A15 (4)	B	of the Page DIRACTOR Stein Hebrew Memoria Podres 22 Carroll St 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
25M 1/67		Funeral Home Washington, D. C. SEP 14 1967 yellowles Juste

enner Takema Park Salah Imsa Uste ing Sala Florehington Sometaring Thespotice Safer Cuther Rolling SLASTER JUST THE METERS OF SEATSHAFT Palestine NAE

A CONTRACT OF THE PROPERTY OF THE PARTY OF T and any place of a section of the control of the co The state of the s

VR A15 (4) 25M 1/67 MARYLAND STATE DEPARTMENT

13	1 \$	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
1	- 2:1	12683 CERTIFICATE OF DEATH	12692						
	and death	o. COUNTY MARYLAND a. STATE Mary	deceased lived, if institution: Residence before admission) And b. COUNTY Montgomery						
	4 hour offer of in by me to pers. Pages 172 hours after	b. CITY OR TOWN (If dutside carparate limits, write/RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside of the content of	arparate limits, write RURAL and give neared tawn) e. IS RESIDENCE ON A FARM?						
1	thin 24 h	3. NAME OF First Middle, Manual 14.	ATE Month Day Year						
	completely filled ave carbon pape	DECEASED (Type or print) May me Markowitz Maskeim (S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	PEATH Sept. 2 1967 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	an and co	100 USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stote INDUSTRY Rochester,	76 yrs.						
	physician hen please naval, and i	Homemaker 13. FATHER'S NAME Negen Markowitz Rochester Rochester Rachel	with						
	he death certifi attending phy permit. Then fian, ar remaval	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT NUrsing Home	Records						
	t the sister of	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave) (b) CONTENSOR TENSOUSE AND							
	OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached far use as the burial-traried with the State Dept. af Health priar to burial, cre	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. (b) HYPERTENSIVE AND DUE TO SCLEROTIC VASCUA	WAR DISEASE 6 YEARS						
	N: The law roor attending the has been use as the salth priar to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OR CONTRIBUTING CAUSE OF DEATH	YES NO						
	vsicial lospital certifice certifice for of He	I = I UF CUITEK, NUTIFI MEDILAE FAAMINEKT							
	NG PH y the h ter this e detace tate De	Haur a.m. p.m. 19 While Not While of foctory, street, affice bldg., etc.) at work	20f. (City ar town) (County) (State)						
	ained by COR: Aft	21. I certify that (I) (this haspital) attended the deceased fram	M, fram causes and an the date stated abave. 226. DATE SIGNED						
	L OR A y be ret y be ret DIRECT DIREC	22c. PHYSICIAN'S 22d. ADDRESS 7.7.7	STAFF						
	Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Health	NAME (Type) COBERT L. KRICHMAR MB WAR	SHAGENIA OC 20012 3d 406ATION (City or Town) (County), / (Stote)						
		REMOVAL (Specify) 9/3/67 FRUMAN FREKARD CHARD CH	SYRACUSE, DY.						
	VR A15 (4) 20 M 1/66	Localesq Jules Home 4217-9 Kee DATE SEP	5 1967 yellarles juage						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12684 12693 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give newest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3 NAME OF Middle DATE Day Year DECEASED OF DEATH complete ove cart event, (Type or print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED AGE (In 5 Sast birthdoy) Months WIDOWED DIVORCED ottending physicion and permit. Then pleose rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife 13, FATHER'S NAME 14. MOTHERS MAIDEN NAME or removal, Mary Florrie Lov (Yes, no, or unknown) (If yes give wor or dates of service) INFORMANT Husband Address Same as Item 2. - McAuliffe burial-tronsit perr burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSEJ AND DEATH ST ROKE IMMEDIATE CAUSE (o) Poge 4 moy be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove PIER TE NSIUW + CURONARY DISTASE rise to immediate couse (o), DUE TO stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from____ , 1955, to Den , 19 67, that (I) (we) last dec Devil 2 1967, and that death accurred at 942 M, from causes and on the date stoted above. saw the deceased glive an_ 22o. SIGNATURE 22b. DAJE SIGNED STAFF PHYS. orrows M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S DOWOVAN NAME (Type) BETHELOA WISC. Ada 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Monocacy Cemetery Beallsville Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 9-5-67 Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) PUMPHREY, Bethesda, Maryland Morriso 25M 1/67 DATESEP

July 1 The Total Mostgo thinks 35th in Kockwiller Salvadar 7200 Ce Step Ce Kneer more mynishe " Life W State State 1911 55 Maybed Merky we want to the second of the s General water in Design to the control of the control The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12685 CERTIFICATE OF DEATH 12694 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY onteomeri MARYLAND The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b campletely filled in by d. NAME OF HOSPITAL OR, INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM Rd NO DE carban Middle DATE Year DECEASED OF DEATH Sept. 19 67 Type or print) AGE (In years S. SEX **NEVER MARRIED** hirthdoy) WIDOWED -DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. SRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME crematian, ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Same as 16. SOCIAL SECURITY NO. Daug. Item 2. (Yes, no, or unknown) (If yes give wor or dotes of service) Harriet Hercher 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ARTERIO SCLERCTI IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. signed by DUF TO Conditions, if ony, which gove ARTERIOSCEROSIS rise to immediate couse (o). DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔀 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 1964 to SEPT-21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death accurred at 4:90pM, fram causes and an the date stated above saw the deceased alive an_ SOPT 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (Stote) (County) REMOVAL (Specify) St. Lawrence Cemetery New Haven. 9-20-67 burial ethesda, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967

THE PERSON HAVE BEEN THE PERSON OF THE PERSO A DESTRUCTION OF THE PARTY OF T The second of th Kernen Fry Wall 23 la Bernesda The Kenthanish or tenaders to the Sant Willes Res The other D. Wallesting and Str. E. ON THE PERISON SON SON SHIP STANK A CONTROL OF THE PROPERTY OF T To the Land winds to the Control of the Land of the La TOWER SHIPTER OF TOWER SOLD STATE and the second of the second o

20087 . THE PARTY OF THE P CONTRACT CONTRACTOR OF THE SECOND CONTRACTOR O THE RESERVE OF THE PROPERTY OF THE PARTY OF

- 199 - 199

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12688 12697 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY O. STATE b. COUNTY Montgomer MARYLAND MONTGODERY Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Ariside corporate limits, write RURAL and give nearest town) week completely filled in by carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within A tark cres YES NO NO 3. NAME OF DATE DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In/ IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost burndoy) Months 2-6-84 DIVORCED WIDOWED X and 10g. USUAL OCCUPATION (Give kind of work done doing to cooking lite, wen't retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT onnectacut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, 15. WAS DECEASED EVERAN U.S. ARMED FORCES?
(Yes, no, or unknown) (Yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 042-05-2934 dilver 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) ONSET AND DEATH attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REFATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? 3 shauld be detached far use with the State Dept. af Health TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. 1 certify that (1) (this haspital) attended the deceosed from e deceosed from H-14 , 1965, to 1967 that (I) (we) last 1967 and that death accurred at 22 M, from couses ond on the date stated obove. saw the deceased alive on_ 220. SIGNATURE-22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CHEMATORY 230. BURIAL, CREMARYON, 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) (County) AL (Specify) 2 25b. REGISTRAR'S SIGNATUR REC'D BY REGISTRAR VR A15 (4) 25M 1/67 ave. DATE SF

TERS TO BE STAND TO BEEN THE STANDING OF THE S The same of the same of the same

death

- A	.000			CERTIFI	CAIL	OF DEATH					
. PLACE OF	DEATH					2. USUAL RESIDENCE (Where deceases	d lived, if institu	tian: Residenc	e befare ad	missian)
a. COUNT	y Montgome	2rv		MARYL	AND	o. STATE West Vi	rainis	b. COU	INTY		./
h CITY O	R TOWN (If outsi	de carnarate limite	,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou			IRAL and give	nearest tax	vn)
write	RURAL and give i	nearest tawn)		54 days							25-2
d. NAME	OF HOSPITAL OR	INSTITUTION (If no	t in hasnital	give street address) 20	07./	South C	mar tes	GOIL		l e IS	RESIDENCE
					-		1.1 7			01	A FARM?
NAME OF	<u> </u>			da, Maryland		913 Ch					☐ NO ▷
/ DECEASEI)	Micha (Middle Shawn	7	Last	4. DATE OF	Mon		Day	Year
(Type or						Mearns	DEATH	Septem	IDET	23	19 67 JNDER 24 HR
_		LOR OR RACE	7. MARRIED	NEVER MARRIED	74	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Manths		DUTS MIN
Male		nite	WIDOWED	DIVORCED		26 November]	.962	4 yrs.			
Oa. USUAL O	CCUPATION (Give I of warking lite, eve	kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, ar fare	ign cauntry)	12. CITI	IZEN OF WH	AT
Chi	Id (None	9)	"			Indiana		THE DESIGNATION OF THE PERSON	I	J.S.A.	
13. FATHER"						14. MOTHER'S MAIDEN	NAME				
W	illiam 1	E. Mearns	3			Veda A	. Whit	е			
IS. WAS DEC	EASED EVER IN U.S	ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT The Me	Capiba	Recorde	ess		
(Yes, no, or u	nknawn) (If yes	give war ar dates at	service)	Vone	The	Clinical C	enter.	Rethesd	a . Marv	rland	2007/
		nter anly one caus		(a) (b) and (c))	1		,	Doorlood		INITEDVA	1 DETWEEN
PA	RT I. DEATH WAS	CALICED DV.		es encepha	1 0-m	wolitia			1000	2 We	AND DEATH
2	043	DUE		es encepha.	10.11	ACTIOTS				E WE	ENS
Canditio	ins, if any, which			ration pne	2mox	:+:a				7	- - 1 -1-
rise ta i	mmediate caus	e (a), (DUE		Tartou buer	щоп	1618				1180	nth
stating last.	the underlying	couse		e lymphocy		louleomio				2	0.70.0
	OTHER SIGNIFICA			V 2		THE TERMINAL DISEASE CON	IDITION CIVEN	IN DADT 1/->		2 yes	AUTOPSY
S PAKI II.	OTHER SIGNIFICA	INT CONDITIONS CC	INIKIBUTING	O DEATH BUT NOT KELA	ו טו טו	THE TERMINAL DISEASE CON	IDITION GIVEN	IN PAKI I(d)		PER	FORMED?
5			Lant							YES D	NO [
	IDENT WAS UNDER		20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter nature af injury in	Part I ar Part	il af item 18.)			
	R, NOTIFY MEDICA	L EXAMINER)									
20c. 11/	ME OF INJURY Mo Hour a.m.	anth, Day, Year	3671-:1-	Alica tarletti.		E OF INJURY (Hame, farmary, street, affice bldg., etc.)		(City or town)	(Cau	nty)	(State)
E .	p.m.	19	at warl	at work	Iden	ary, street, drike blag., etc.,					
21.	I certify the	it (1) (this hasp	oital) attend	ded the deceased f	ram_J	uly 31 , i	967, ta.	Sept.	23, 196	7, that	(Mx (we) 1
sav	21. I certify that (\$\frac{1}{2}\$ (this haspital) attended the deceased fram July 31 , 1967, to Sept. 23, 1967, that (\$\frac{1}{2}\$ (we) lose saw the deceased alive on Sept. 23 1967, and that death accurred at 2:40 M, fram causes and an the date stated above										
0.0	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED										
1 (1	M.D. PHYS. DIRECTOR PHYS. Sept								t 23.	1967	
22c. Pl	22c. PHYSICIAN'S 22d. ADDRESS The Glinical Center National										
N	AME (Type) Ch	arles M.	Haske	11, M.D,		Institute	s of H	ealth,B	ethesd	a Md.	2001
23a. BURIAL	, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOC/	ATION (City or To	awn)	(Caunty)	(State)
REMOV	AL (Specify)	9-27	-67	Sunset	Men	norial Par		arlest			
24. FUNERA		1	-			2Sa. REC'I	BY REGISTRA	R 25b. R			
Robe	rt A P	umphrey	Been	ewascona	in A	SFE	29 1	967 K	Charle	4 Jaco	ler.
22c. Pt No 23a. BURIAL REMOV	HYSICIAN'S AME (Type) Ch. , CREMATION, AL (Specify)	arles M. 23b. DATE THE 9-27	REOF -67		Men	22d. ADDRESS Th Institute CREMATORY Norial Par	e Clines of H	ical Ce ealth,B ATION (City or To arlest R 25b. R	nter,N ethesd	ation a, Md. (County) Vir GNATURE	al 20 (Sto

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use os the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after deathealth. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Booker . - Chest Toward Late will be the control of THE PARTY OF THE P 时作用"五元年大学"。[264] "自己是有的"自己"。 1845年 (1955年) "是有这个"大学"的有意的"是有这个"大学"的"不是是一个"不是一个"(1955年)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12699 CERTIFICATE OF DEATH 12690 ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) haurs Silver Spring Silver Spring day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 paper OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 filled 1303 Morningside Drive within Cross Hospital YES NO A NAME OF Middle 4. DATE Lost Year 200 DECEASED OF DEATH every (Type or print) Geronce 6. COLOR OR RACE DATE OF BIRTH AGE (In year IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdow) Months Hours Dovs ON WIDOWED DIVORCED une 27 rem and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT the attending physician of sit permit. Then please during most of working life, even if retired) INDUSTRY and Providence. Rhode Island Housewite Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remove Farrell C. Fitzpatrick Katherine Tierneu 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Morsinaside Drive permit. 5 ver Spring, Maryland John Meehan cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), r this certificate has been si detached for use as the b te Dept. of Health priar to b DUE TO stoting the underlying couse (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. c 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After ot work of work 21. I certify that (1) (this hospital) attended the deceased from 3 should be with the S and that death occurred at 300 M, from causes and on the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v M.D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) St. Francis Cemetery Pawtucket. 2So, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8434 ADDRESSirgia Avenue VR A15 (4) 25M 1/67 DATE SEP 11 1967 Silver Spring.

The state of the s manifest de la company de la c

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12691 12700 CERTIFICATE OF DEATH papers. Pages I and OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Maryland a. COUNTY b. COUNTY Montgomery MARYLAND Tontaomery b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) r JENGTH OF STAY IN 1h write RURAL and give nearest tawn) Silver Spring IS RESIDENCE ON A FARM? d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 815 Brantford Avenue NO A corbon por Suburban Hosnital YES | 3. NAME OF 4. DATE Middle Last Manth Day Year DECEASED Harold Meeth September DEATH 19 67 (Type ar print) AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR LIF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Days Hours Male White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? NDUSTRY Retired Post O Baltimore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physnsit permit. Then p John Henry Meeth Martha Frincke IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Brantford Aye. (Yes, na, ar unknawn) (If yes give war ar dates af service) 218-26-1803 Charlotte Bayln Meeth 101 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause be retained by the hospital or attending as the O FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth p CERTIFICATION YES [NO For 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Caunty) factory, street, affice blda., etc.) Haur a.m. Nat While at wark 21. I certify that (1) (this hospital) attended the deceased from Than , and that death occurred at 1239 from causes and an the date stoted obove. saw the deceased alive an. 196 22a. SIGNATURE 22b. DATE SIGNED 的 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Colesville Road 9006 director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) 2Sa, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DASEP 1967 Inc. Silver Spring. Md. 20 M 1/66

060 300 732 1	THE TOTAL TO THE PARTY SELECTION OF STREET	OFFIGURE TO SEE SEE SEE
	Company of the State of the Sta	
		State Section 45
		124
		A CONTRACTOR OF THE PROPERTY O
40-2,45-0		

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after after the by the Pages MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1 write RURAL and give nearest town) hours Takoma Park = d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? within NO I completely carbon NAME DF Middle Last DATE Month Day DECEASED event, (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 8. 7. MARRIED NEVER MARRIED remove and and in any WIDOWED DIVORCED nding physician a Then please re removal, and in-10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? certificate FATHER'S NAME 13. MOTHER'S MAIDEN NAME attending | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to byrial, cremation, or a death (Yes, no, or unkown) | (If yes give war or dates of service) 8 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a 20 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) S WAS AUTOPSY 19. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at AM, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b STAFF M.D. PHYS. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) FUNERAL DIRECTOR SEP 2 **ADDRESS** 25a. VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

death certificate be

HOSPITAL

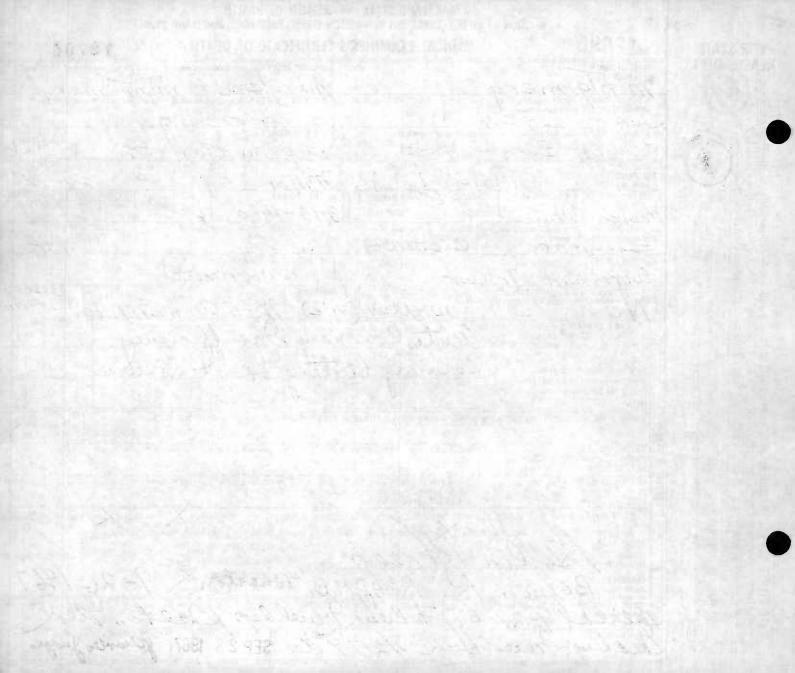
EHLEN efficientlie 129 Pact Diamond Average PSA . 1837 8 . net. Fairfax Commit. Va. H. S. A. valaco A matifil Sunan Lilen Biley Hone 577-18-3427 Herry C. Merry, Sr. 120 E. Dialected ave. VODE OF E DO w. T. diogos. M. D. B. D. Battery Lane, Sethesda. Md.

-1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVI AND
FOR S	TATE	X	12694 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12703
HEALTH	DEPT	1	Additional	esidence before admission)
ral be	TXI		Montgomery Maryland West Virginia	
ecessary, e funeral may be	Department after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	and give nearest town)
S m	epar ter (-	Rural - Bethesda Great Cacapon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Page	State D)	Route 270	ON A FARM?
dela Pand 3		3		Day Year
PM.	歌1	A	(Type or print) Irval Michael DEATH September	6 1967
h. If es 1 orm	with with	/5	7. MARKIED NEVER MARKIED Jast birthdey) Months	Days Hours Min.
Pag th	l and 2 event w	10	Female Cauc. WIDOWED DIVORCED XGC, 19, 1931 35 74 yrs. 10e, USUAL OCCUPATION (Cive kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT
rs after death. If any del 18. Give Pages 1, 2, and along with form PM3.	i a a i a	0	Houseufe Working Ilfe, even If retired) INDUSTRY Wash Vergenea	DUNTRY2 A
18. alor	pages In any	1	3. FATHER'S NAME	
hours tem 18 ffice al	File p	-	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unbown) (1f yes by the war or dates of service)	
uted within 24 hou " in pencil in Item Examiner's Office		0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or uniform) (If yes pire war or dates of service)	
within pencil i niner's	permit. removal	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
uted in Exar	nsit or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Injuries multiple severe	Seconds
should be executed v word "pending" in p	cremation, or		Conditions, If eny, which \ (h) Truck accident	Seconds
ben Med	rema		geve rise to immediate (SCOOLAD
noulcord ord hief			cause (a), steting the current to underlying cause last. (c)	
e w	ed as burial	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
tificz g th to t	35	FICE	None 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part I or Pert II of Item 18	YES X NO
EXAMINER: This certificate e certificate, writing the should be forwarded to the files	3 should be agent, prior	CERTIF		and truck
te, Th	sh(MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town)	unty) burned(ate)
Tiffica be	age /5	S W		gomery Md.
EXAM e cer should	CTOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry , death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	and in my opinion
	DIRECTOR: r its design		CHIEF MEDICAL EXAMINER	
MEN kecut Page 4	DIRE or its		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED 9/6/67
300 00	MEDIC CONT		EXAMINER'S John S. Rogers, M.D. DEPUTY MEDICAL EXAMINER X 1919 Se NAME (Type) John S. Rogers, M.D. Address (Street, city, town, or county) Silver	eminary Rd.
DEPUTY please ex director.	FUNERAL f Health o	2	Da. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or co	
2 40	10	-	Burgol Sent 10 At. 18ho Smiler Mohan Sount	'S SICNATURE
VR AI	5ME (5) 1/65			res Judges

nonentrod - Levis .00133 0.000 The state of the s WHAT STOODSTRUCK Content workly

Bur inl Sept. 10 . Jeal fair the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12704 HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND montgomery delay b. CITY OR TOWN (If autside carparate limits c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 P W3 d. NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE (If not in haspital, give street address) d. STREET ADDRESS farm ON A FARM? in Item 18. Give Pages NO This certificate should be executed within 24 hours after death. e, writing the ward "pending" in pencil in Item 18. Give Pag farwarded to the Chief Medical Examiner's Office along with NAME OF First Middle 4 DATE Month Lost Doy Year DECEASED (Type ar print) 196 DEATH pages 1 and 2 with S. SEX 9. AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR birthday) Manths Haurs death. WIDOWED DIVORCED -1900 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during-mast of warking life, even if retired) NDUSTRY CQUNTRY? 407N/106 Salegnar 13. FATHER'S NAME RILS51a 14. MOTHER'S MAIDEN NAME File JUK nowell 500000 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, the of unknown) (If yes give war ar dotes of service) within 1B. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH event IMMEDIATE CAUSE (a) DUE TO any Conditions, if ony, which gave rise ta immediate cause (a). = DUE TO stating the underlying cause SD last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, be NO shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 af item 18.) 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Page . Haur a.m. factory, street, office bldg., etc.) Nat While at work 21. I certify that I took charge of the remains described above, held on Autapsy Inspection X and in my apinion may be retained for FUNERAL DIRECTOR: Notural couses death resulted fu Accident Suicide Homicide Undetermined manner director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral pe **EXAMINER'S** Health NAME (Type) 0/ 2 JUNERAL DIRECTOR VR A15ME (5) Markey



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12696 12705 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery o STATE b COUNTY MARYLAND Virginia b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 30 days Newport News Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO IX The Clinical Center, Bethesda, Maryland 315 69th Street and in any event, withi NAME OF 4. DATE Lost Year DECEASED (Type or print) 19 67 Mirmelstein DEATH September Rose Grace IF UNDER 24 HRS. 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours April 1913 WIDOWED DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** USA Housewife Virginia None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Louis Banks Mary Levinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recorddress 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) The Clinical Center, Bethesda, Maryland Unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH CAUSED BT: | Respiratory failure and Shock Bronchopneumonia Conditions, if ony, which gove (b) Sepsis (Staphylococcal) with Endocarditis and/ 5 Days rise to immediate couse (a). and liver DUE TO stoting the underlying couse (4) Mycosis Fungoides with involvement of lymph nodes/ 10 Years 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO **DIRECTOR:** After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (X) (this haspital) attended the deceased fram 21 August , 1967, ta 20 Sept., 1967, that (X) (we) last ro Hospital or ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased alive an 20 Sept. 1967, and that death accurred at 5:00 M, from causes and an the date stated above. 22h. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. 20 Sept. 1967 M.D. 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S TO FUNERAL NAM (Type) Institutes of Health, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. OATE THEREOF REMOVAL (Specify)
Burial-remov9.22.67 Rosenbaum Mem. Park Hampton. Peningusa Funeral 250. RECD BY REGISTRAR 2 Virginia 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 2 Newport News, Van SEP 2 2 1967

The state of the s A Constant of the Constant of __introduction of __introduction. The state of the s The Turkle All Q Henry th Have, Va.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2697 CERTIFICATE OF DEATH 12706 attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and 2 permit. law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery MARYIAND D.C. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? University Nursing Home 2520 10th St., N.E. NO V YES NAME OF First 4. DATE Lost Manth Day Year DECEASED Edna Jefferson (Type or print) Moore DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 ARS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Davs Haurs WIDOWED DIVORCED 10/25/1894 Female Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **INDUSTRY** COUNTRY? Stoney Creek, Virginia LISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Juddi Jefferson Bettie Brians 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 578-26-2454 No 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b) and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed ! Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause attending the has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO O FUNERAL DIRECTOR: After this certificate be retained by the haspital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceosed from 19(0 (that (I) (we) last shauld and that death accurred at 11 h. M. from causes and an the date stated above saw the deceased alive an_ 220 SIGNATURE 22b DAPE SIGNED M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) directar, shauld 230. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City of Jawn) (County) (State) 24. FUNERAL DIRECTOR

00121						TEN ST
					X46	
	inches broggist				Table sus	OFFICE PROPERTY.
		,	delign to			
				E-UV-U		
	Nag 11. 933					

the Control of the Co TPASSO THE PARTY OF STATISTICS The second of the second secon FREE FOLDS AND ASSESSMENT OF THE PARTY OF TH 9-18-67 Sheli Byt Edwitte is motion

AND THE REAL PROPERTY OF THE P THE STATE OF THE S graph average to the server of the server of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12709 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits.) c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 filled NO Z NAME OF 4. DATE Lost Month Doy Year completely DECEASED Sept. 19 67 (Type or print) JOSED1-DEATH event, 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Hours in ony WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Accountant attending physicion sermit. Then please and Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) Same As Item 2. 068-09-3327 Theressa buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH COBONARY V HRUM BUSIA IMMEDIATE CAUSE (o) _ signed by DUE TO Conditions, if ony, which gove RTERIOSCLEROSIS rise to immediate couse (o). DUE TO stoting the underlying couse be retained by the hospital or ottending hos been ARKINSUNISM lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? be detached for use State Dept. af Health NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour to.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram. 19 5 7 that (1) (we) lost 11 1967, and that death accurred at 1 A M, fram/causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive any 22o. SIGNATURE 22b. DATE SIGNED director, page 3 mon M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR LAS DONGVAN WISC AUR 25 THE SO A 23b. DATE THEREOF 23o. 8URIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Baltimore, Maryland Greenmount Cemetery 9-14-67 9 Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS **VR A15** PUMPHREY. Bethesda, Maryland

Marles

